

Pt Name: _____ MRN# _____



Due to increased insurance company demands, and reduced reimbursement cuts by Medicare, the following policy has been established for this office. There are no exceptions to this policy. Please read this policy carefully. I would appreciate your cooperation in this matter.

We make every attempt to ensure that all services are compatible with your special insurance requirements. However, all policies have different benefits, depending on the requests and desires of the employer or applicant. Benefits are not always available to all employees, even if they have the same insurance company. Your insurance company informs all participants that it is ultimately your responsibility to know and understand your policy with the insurance company. We do not have the capacity to know each individual policy as it varies per patient. We cannot guarantee all services will be covered. **It is your responsibility to verify all benefits and coverage information prior to having any services rendered. Please call your insurance to verify these codes and if deductible applies.**

36475 _____, 36476 _____, 36471 _____, 36465 _____, 36466, _____, 37765 _____, 76942 _____.

Insurance companies require we submit all claims within a specified time limit. We do our best to follow all guidelines set forth by your insurance company. However, if your insurance changes and you fail to inform us, we may be unable to bill the appropriate company within these time limits. If you do not provide new information, a denial from the previous carrier is our only way of knowing your insurance has changed. Denials are generally not returned to us until after the filing deadline. Therefore, if you do not notify us of any changes, you may be responsible for payment of services. For your benefit, please notify us of any changes as soon as possible.

Please make sure your insurance information with us is current. You will be responsible for payment of all services if any of the following circumstances apply:

- If you do not have insurance
- If you do not have a referral when required and have elected to be seen
- If you are with an insurance company we are not contracted with; or,
- If your insurance company denies your claim for any reason that is not resolvable

Your balance needs to be paid at each visit though payment plans can be set up with our billing department. We have stringent rules that apply to payment plans. If your balance is not paid in full within 90 days of receiving a statement, or current to the agreement made with the billing department, we reserve the right to turn your account to a collection agency and/or our attorney. The responsible party or guarantor of the account will be responsible for all collection fees and legal expenses in the event this becomes necessary. A \$25.00 fee will be applied to all returned checks. By signing this form, you agree to all the information listed above, authorize release of any medical information necessary to process your claims and authorize payment of medical benefits to NVVS or supplier for services rendered.

Signature of Patient or Responsible Party

Date

Printed Name