

**OFFICE POLICY ON MANAGED CARE INSURERS**

IN ORDER TO ACCOMMODATE THE NEEDS AND REQUESTS OF OUR PATIENTS WE HAVE ENROLLED IN NUMEROUS MANAGED CARE INSURANCE PROGRAMS.

WHILE WE ARE PLEASED TO BE ABLE TO PROVIDE THIS SERVICE TO YOU, IT IS EXTREMELY DIFFICULT FOR US TO KNOW ALL THE INDIVIDUAL REQUIREMENTS OF THE PLANS. EACH ONE HAS DIFFERENT STIPULATIONS REGARDING HOW OFTEN SERVICES MAY BE PERFORMED.

EVEN WITH THE SAME INSURANCE COMPANY THE PLANS DIFFER DEPENDING UPON WHAT TYPE OF CONTRACT YOUR EMPLOYER HAS NEGOTIATED.

PROVIDING QUALITY MEDICAL CARE FOR OUR PATIENTS IS OUR PRIMARY CONCERN; WE ARE MORE THAN WILLING TO PROVIDE THAT CARE WITHIN YOUR INSURANCE CONTRACT GUIDELINES IF YOU LET US KNOW AT EACH TIME OF SERVICE WHAT THOSE GUIDELINES ARE.

UNFORTUNATELY, IF YOU DO NOT INFORM US OF ANY SPECIAL REQUIREMENTS IN YOUR CONTRACT AND WE SUBSEQUENTLY ORDER SERVICES, SUCH AS LAB WORK OR HOSPITALIZATION, THAT ARE NOT COVERED AT THE SELECTED MEDICAL FACILITY, WE WILL HAVE NO CHOICE BUT TO BILL YOU DIRECTLY FOR THOSE CHARGES. PAYMENT FOR THOSE CHARGES IS THEN YOUR RESPONSIBILITY.

ALSO, ANY SERVICES NOT COVERED BY YOUR INSURANCE WILL BE YOUR RESPONSIBILITY.

IF SERVICES ARE PROVIDED AND YOUR COVERAGE IS NOT IN EFFECT ON THAT DAY, THE FEES SUBMITTED AND DENIED BY YOUR CARRIER WILL BECOME YOUR RESPONSIBILITY.

WITH YOUR COOPERATION AND HELP, YOU SHOULD BE ABLE TO RECEIVE ALL OF THE BENEFITS OFFERED TO YOU, AND WE WILL BE ABLE TO CONCENTRATE ON CARING FOR YOUR MEDICAL NEEDS.

I HAVE READ AND UNDERSTAND THE OFFICE POLICY STATED ABOVE AND AGREE TO ACCEPT RESPONSIBILITY AS DESCRIBED.

\_\_\_\_\_  
PATIENT AND/OR INSURED

\_\_\_\_\_  
DATE