

Kathryn Naus MD PA

Dear Patient,

Our office is pleased to have the opportunity to serve you. Our primary mission is to provide you with quality, cost effective, medical care. We, patients and physicians, are adapting to changing ways that healthcare is financed and delivered. The following policies apply to insurance and payment for your healthcare.

Payment Guidelines:

- All co-payments, co-insurance and/or deductibles are due at the time of service, unless other arrangements have been made in advance with our office.
- We accept Cash, Checks and Credit Cards only.
- The remainder of your bill will be sent to your insurance company for payment to our office.
- If, by mistake, your insurance company sends this payment to you, please send it to us along with all paperwork sent to you. Please do not send payment back to the insurance company.

When to Present Insurance Card?

Please present your insurance card at EACH VISIT. Specifically, bring to our attention any changes (new card, new group number..) since your last visit. This protects you from paying a bill because we had the wrong insurance information. There is a narrow window (30-45 days) to present an accurate claim to the correct insurance company. Any secondary insurance will be filed on your behalf as a courtesy. If we do not receive payment from your secondary insurance in a timely many, the balance will become your responsibility.

Insurance Company Denies Payment?

If your insurance company denies payment for any reason, then it is your responsibility to pay the denied amount. Your insurance company may refuse payment for the following reasons:

- This is a pre-existing illness or condition that they do not cover.
- You have not met your calendar year deductible.
- The type of medical service required is not covered.
- The insurance was not in effect at the time of service.
- You have other insurance which must be filed first.
- You have exceeded your maximum dollar/visit amount.
- You did not have a referral number for your visit/service.

Sincerely,

Kathryn Naus MD PA

I have read and understood my financial obligations. I understand that this office will file an insurance claim on my behalf. I assign the proceeds of this insurance claim to **Kathryn Naus MD PA**. Both **Kathryn Naus MD PA** and I will receive an Explanation of Benefits (EOB) from my insurance company detailing all payments, deductions and adjustments per my plan's guidelines.

Patient Signature

Date