RENO INTEGRATIVE MEDICAL CENTER

6110 Plumas St. Suite B

Reno, NV 89519

(775) 829-1009

INSURANCE BILLING

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Insurance companies do not typically recognize our type of care as reimbursable under todays’ standard insurance policies. This office **does not** bill insurance companies, but provides patient an itemized statement.

 I have been fully informed that Kathy Goldsworthy DNP, FNP-BC, does not accept assignment of insurance and that is my responsibility to bill my insurance company, if at all.

 I acknowledge further that none of the charges incurred by me at Reno Integrative Medical Center will be billed by the office to Medicare. Medicare policies do not normally reimburse you for service and treatment our office provides. In fact, Reno Integrative Medical Center will not provide me with any “codes” for billing purposes.

 Reno Integrative Medical Center **does not** participate in any aspect of the Medicare program and therefore, does not complete Medicare claim forms.

 Further, I understand that submitting any of my billing statements from Reno Integrative Medical center to my insurance company is solely my decision and responsibility and I do not expect any assistance from Reno Integrative Medical Center to perform that process.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_