Lifted Heart

NYSHIP Insurance Payment Agreement

Name on Insurance Card: Date of Birth:

ID Number:

Primary Insured (if not listed above): Date of Birth:

Address on File w NYSHIP: Phone:

Insurance Benefits Summary for The Empire Plan / NYSHIP:

An insurance deductible is the amount a patient pays out of pocket prior to insurance benefits being paid by insurance company. I understand my annual deductible for out of network services is $1,250, set by NYSHIP, my insurance carrier.

After deductible is met, NYSHIP will reimburse 80% of the cost of my acupuncture. I understand checks will be sent directly to me as reimbursement and I agree to the following payment option.

Payment Options. Please Check One:

__ Lifted Heart will accept payment at the time of services and I will keep the insurance checks I receive. I am responsible for all fees my insurance company does not cover.

__ Lifted Heart will bill my insurance and I will receive checks intended as reimbursement for professional services. Lifted Heart will collect payment upon my receipt of reimbursement along with Explanation of Benefits (EOB) paperwork.

Any checks or benefits that my insurance company sends to me are intended as reimbursements for my provider, Dr. Leah Sasha Schwartz and these checks will be forwarded to her within 7 days of receipt. Failure to turn over insurance payments to my provider will cause my credit card to be charged the full fees for visits, as billed to my insurance company, including patient responsibility portions.

This credit card charge will be nonrefundable and I agree to this reimbursement policy.

Name on CC _____ Zip Code _____

Credit card number _____ CCV Code_____

Signature of Patient _____ Date_____