

CTPO OFFICE POLICY
ON STANDARD INSURANCE AND 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 keep track of all the individual requirements of the plans. Each one has different stipulations regarding how often services may be rendered and where those services may be performed. Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated. Since many insurance companies have multiple claims addresses that can change periodically, you will be asked to provide a copy of your insurance card with each visit. If we are not providers for your health plan, you will be asked to pay for your services at the time of your visit.

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 exactly what those guidelines are.

Unfortunately, if you do not inform us of any special requirements in your contract and we subsequently orders services that are not covered, such as lab work or orthopedic equipment, we and/or the selected medical facility will have no choice but to bill you directly for those charges. Payment for those charges is then your responsibility.

Our common goal is for you to receive all of the benefits offered to you and care for your medical needs. This can be accomplished with your cooperation and help.

Payment of co-pays is required at the time services are provided. HMO participants are responsible for obtaining necessary referrals prior to scheduling an appointment. Unauthorized services will be the responsibility of the patient. Hospital fees and lab reports are billed to your insurance company by the reference lab and/or hospital. You may receive a separate bill from the hospital for any deductible or non-covered services. Should your insurance carrier require you to use specific ancillary facilities (physical therapy, labs, etc.), please inform your nurse. Failure to do so may result in charges that your insurance carrier may not cover.

Should your child need surgery or hospitalization, we file insurance claims with your insurance carrier for our physicians' fees. A copy of your insurance card and a current signed authorization form is required. Follow-up with your insurance carrier for reconsideration of your claim is your responsibility.

Special financial arrangements may be made in the business office for services after verification of coverage for any amounts not covered by insurance or if we are not contracted providers with your insurance company. Please provide us with your complete insurance information as soon as possible, including any secondary coverage which may be needed for coordination of benefits.

I HAVE READ AND UNDERSTAND THE OFFICE POLICY STATED ABOVE AND AGREE TO ACCEPT RESPONSIBILITY AS DESCRIBED. I WILL NOTIFY YOU IMMEDIATELY OF ANY CHANGES IN INSURANCE COVERAGE OR STATUS, OR OF ANY CHANGES OF ADDRESS OR PHONE NUMBERS.

Signature

Date