

Insurance Reimbursement Policy and Agreement

Welcome to the office of Dr. Gary Eisenberg. As you are probably aware, insurance procedures have changed drastically over the past few years resulting in much greater complexity. We, therefore, felt it would be beneficial to clarify our office policies and, hopefully, answer some of your questions.

A. The issue of assignment: We accept insurance assignments for only those companies with which we have written contracts. A list of these companies is available upon request of the office manager. These contracts establish a pre-determined fee for service, a portion of which is paid by the patient (co-payment) at the time of service. With companies with whom there is no contract we will charge our normal office fees.

B. The issue of reimbursement: This refers to the payment from the insurance company to either the doctor or the patient. Providing that our office has met its responsibility in an efficient and timely manner, and insurance reimbursement does not occur within a reasonable period of time, or if reimbursement is declined for reasons including un-met deductible, exceeding maximum benefits of policy limits, coverage expiration, or an unexplained rejection of claim, it is the patients responsibility to make full payment of the agreed upon fee. Patient is also responsible for any non-covered services such as: Educational Testing and Telephone Conferences. Patient may also be financially responsible for missed appointments. Our office will take responsibility for pursuing unpaid insurance claims until a final disposition has been reserved from the insurance company. It is to your benefit to understand the benefits and limits of your policy.

C. Managed Care: This system requires approval and pre-approval for sessions. To obtain this approval, contact is made with a representative of the managed care company either by phone or written reports. Your signature on this form gives us permission to exchange information relevant to your situation with these representatives. Such information usually includes, but is not limited to, diagnosis, symptoms, treatment plans, and treatment progress. Our office will endeavor to maintain privacy by giving the insurance company only the minimum necessary for their purposes. In other cases, patients must call for initial pre-certification and/or follow-up information. Should you not complete this in a timely manner, you will be financially responsible. Should reimbursement be denied due to a failure on the part of this office, the patient will not be held responsible.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE INSURANCE REIMBURSEMENT POLICY AND AGREEMENT. BY SIGNING BELOW, YOU AGREE TO ALLOW US TO RELEASE NECESSARY INFORMATION TO YOUR INSURANCE COMPANY, TO PAY YOUR CO-PAYMENT, AND TO PAY ANY CHARGES NOT PAID BY YOUR INSURANCE COMPANY. WE AGREE TO ABIDE BY THE CONTRACTUAL ARRANGEMENT WITH YOUR INSURANCE COMPANY, IF ONE APPLIES. WE ALSO AGREE TO SEND OUT THE MANAGED CARE INFORMATION IN A TIMELY MANNER SO THAT YOU MAY COLLECT BENEFITS.

Patient's Name

Name of Parent/Guardian/Responsible Party

Signature of Parent/Guardian/Responsible Party

Date