

**Important Notice: Insurance & Office Policy**

FOR YOUR CONVENIENCE, THE OFFICE OF DR. ERIC S. TEITEL, MD, PC, PARTICIPATES WITH NUMEROUS INSURANCE CARRIERS. UNDER THE RULES OF THESE CONTRACTS, OUR OFFICE AGREES TO ACCEPT AND TREAT YOU FOR THE ALLOWABLE BENEFITS OF YOUR PLAN.

**PLEASE BE AWARE THAT YOU ARE RESPONSIBLE FOR:**

- HAVING YOUR INSURANCE CARD WITH YOU TO THIS OFFICE. ANY CHANGES IN COVERAGE OR ID CARDS ARE MUST BE BROUGHT TO THE RECEPTIONIST'S ATTENTION IMMEDIATELY.
- BRINGING YOUR REFERRAL/AUTHORIZATION # FROM YOUR PRIMARY CARE PHYSICIAN. IF NOT, YOU WILL BE REQUIRED TO SIGN A WAIVER, WHICH WILL MAKE YOU RESPONSIBLE FOR THE ENTIRE VISIT AMOUNT IF WE DO NOT RECEIVE IT IN OUR OFFICE IN 48 HOURS. DON'T COUNT ON YOUR PCP TO FAX IT "PRIOR TO". THEY ARE BOGGED DOWN WITH THESE REQUESTS DAILY!
- KEEPING TRACK OF THE NUMBER OF VISITS PER REFERRAL, AND SERVICES AUTHORIZED.
- MAKING SURE ANY PROCEDURES HAVE BEEN PRECERTIFIED, IF NEEDED.
- LETTING THE NURSE KNOW WHOM YOUR PARTICIPATING LAB IS IF YOU NEED BLOOD WORK/BIOPSIES TAKEN. IF WE DO NOT RECEIVE THIS INFORMATION FROM YOU, AND WE SEND IT TO THE WRONG LAB, YOU WILL BE RESPONSIBLE FOR THAT BILL. \*MY LAB IS: \_\_\_\_\_.
- PAYING COPAY/CO-INS AT THE TIME OF EACH VISIT. PAST DUE BALANCES WILL BE SENT TO COLLECTIONS!
- A \$20 FEE ON ALL RETURNED CHECKS.
- GIVING A MINIMUM OF 24-HOUR CANCELLATION NOTICE FOR ALL APPOINTMENTS. FAILURE TO DO SO WILL RESULT IN A CHARGE TO YOU OF \$50 FOR OFFICE VISITS, AND \$200 FOR PROCEDURES! WE DO NOT OVERBOOK, SO AVAILABILITY IS AT A PREMIUM. IT ISN'T FAIR TO OTHER PATIENTS WHO WOULD HAVE OTHERWISE NEEDED YOUR SLOT. IN ADDITION, WE HAVE OUTSIDE ANESTHETISTS WHO COME TO SERVE YOU, AND THIS DISRUPTS THEIR SCHEDULE.
- ANY CLAIMS NOT PAID OR RESPONDED TO BY YOUR CARRIER(S) OVER 1 YEAR.

**PRESCRIPTION REFILLS:**

ALL PATIENTS MUST HAVE BEEN SEEN BY THE DOCTOR WITHIN THE LAST 6 MONTHS DEPENDING ON TYPE OF PRESCRIPTION REQUESTED, BUT NOT LONGER THAN 12 MONTHS. DUE TO PRIOR PROBLEMS ENCOUNTERED, PRESCRIPTIONS WILL NOT BE PHONED IN TO PHARMACIES. WE WILL BE HAPPY TO MAIL IT TO YOUR HOME, OR HOLD IT FOR PICK-UP AT OUR OFFICE. THIS WAY WE ARE ASSURED THAT OUR PATIENTS WILL RECEIVE THEIR MEDS. DO NOT WAIT UNTIL YOU HAVE 3 DAYS LEFT ON YOUR PRESCRIPTION! WE CAN'T GUARANTEE THAT YOU WILL GET IT ON TIME. THE DOCTOR MUST REVIEW ALL MEDICATIONS, AND HE MAY NOT BE AVAILABLE TO OKAY IT IN TIME.

**TEST RESULTS:**

ARE CONFIDENTIAL AND WILL ONLY BE GIVEN TO YOU UNLESS YOU HAVE OTHERWISE PERSONALLY AUTHORIZED DIFFERENTLY. SPOUSES, RELATIVES, AND FRIENDS WILL HAVE TO HAVE PRIOR APPROVAL FROM YOU, AND IN WRITING, TO THIS OFFICE. CALLS FOR RESULTS WILL BE RETURNED AFTER 2 PM.

UNFORTUNATELY, WITH THE CHANGES IN TODAY'S HEALTHCARE SYSTEM, THE BURDEN FALLS TO YOU, OUR PATIENT, TO KNOW AND UNDERSTAND YOUR HEALTH INSURANCE COVERAGE. YOUR INSURANCE IS A CONTRACT BETWEEN YOU, YOUR EMPLOYER, AND THE INSURANCE COMPANY. WE WHOLEHEARTEDLY APPRECIATE YOUR ASSISTANCE IN HELPING US TO PROPERLY FILE YOUR CLAIMS. THANK YOU.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_