

PLASTIC SURGERY ASSOCIATES of ORANGE COUNTY
INSURANCE COVERAGE STATEMENT

To our ER patients: *Please initial each line.*

_____ Our doctors may **NOT BE CONTRACTED** with your insurance company. The insurance plan you have is a contract between you and the insurance company.

_____ When our doctors services are needed and the ER doctor requests our doctors as “SPECIALISTS”, it is because our doctors are **‘ON CALL’** for the hospital emergency room, in order to aid in taking care of your emergency medical needs. The ER doctor does not call doctors in to the ER based on whether or not they are part of your specific insurance plan.

_____ As a courtesy to you, our billing department will file an insurance claim for your emergency services if you provide the information.

_____ There will most likely be some out of pocket expense for you, the insured, after your insurance company has paid your claim.

_____ Any balance that is not covered will be your responsibility.

_____ Should you feel the amount paid by your plan was insufficient; you may file a grievance or appeal with your insurance company. They need to know the **DETAILS OF YOUR EMERGENCY** in order to re-consider additional payment for a non-contracted doctor in an **EMERGENCY** situation.

_____ If payment arrangements need to be made, please contact our billing department at 949-645-3333.

To our referred patients: *Please initial each line.*

_____ Our doctors may not be contracted with your insurance Company.

_____ This means there will be a greater “Out of Pocket” expense for you, when making the choice to use one of our doctors for your surgical needs.

_____ You may also have a separate “Out of Network Deductible” that has to be met. You can contact your insurance company to verify what benefits, if any, your insurance plan provides for out of network doctors.

_____ Since we are not contracted with all insurance companies, they may send payment for the doctor directly to you. These are payments due to the provider of your medical care please send these payments on to your doctor.

By initialing and signing this statement, you are acknowledging that you have read and understand our office position in regard to our doctor’s being contracted with insurance companies.

PATIENT or GUARANTOR

DATE

WITNESS

DATE