

Jeffrey P. Benson, M.D., Inc.
504 W. Pueblo St., Suite 301
Santa Barbara, CA 93105
Phone (805) 682-5520 FAX (805) 682-1632

INSURANCE AND BILLING INFORMATION

1. **Insurance:**

Knowing your insurance benefits is your responsibility. This is a contract between you and your insurance company. *Please bring your insurance cards to all appointments.* If you change your insurance carrier, please notify our office staff before your visit. If your illness or injury is associated with a workman's compensation claim or automobile accident claim you must inform our office staff before your appointment. If you have not paid your insurance premium or your insurance coverage has terminated, you must notify our office staff. Providing incorrect insurance information can be considered fraud. ***You will be responsible for any charges that are not paid due to providing incorrect insurance information.***

2. **Co-payments and Deductibles:**

All co-payments and deductibles are due at the time of service. This arrangement is part of your healthcare coverage with your insurance company. Failure on our part to collect co-payments and deductibles from patients is a violation of our contract with the insurance company.

3. **Pre-authorization:**

Many procedures require pre-authorization for payment. Our office will try to obtain authorization prior to performing a procedure. For some procedures, insurance companies do not require pre-authorization but will only pay for the procedure if they consider it "*medically necessary*". This means that the insurance company will determine whether payment will be made *after the procedure has been performed*. ***If you have a procedure which is determined to be "not medically necessary", then you will be responsible for payment.***

4. **Claims Submission:**

We will submit your insurance claim and assist you in any reasonable way to help process your claims. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their requests for information. We will make a reasonable effort to process your claim. ***If your claim is still under dispute or not paid within 90 days, you will be responsible for payment. If your insurance company determines that a claim was paid in error or demands a refund within two years, you will be responsible for payment.***

5. **Missed appointments:**

"No shows" and cancellations without adequate notice affect other patients who could have been seen earlier. ***If you miss an appointment without adequate***

notice, our office may charge you a \$80.00 fee. This will not be covered by insurance.

6. Medicare patients:

Our office is a “participating provider” with Medicare. This means that we will bill Medicare directly for professional services and accept the amount designated by Medicare for that service. Medicare will pay 80% of this amount. You or your secondary or co-insurance are responsible for the remaining 20%. **Medicare and secondary insurers may also require co-payments and deductibles. You are responsible for paying these charges.**

7. Other insurance billing policies:

Your insurance company may also require co-payments or have a deductible amount which you must pay before the insurance will pay. It is your responsibility to understand these and the amounts that may apply to you.

8. Returned check charge:

A charge of \$25.00 will be made for any non-paid check.

9. Non-payment of overdue account:

Overdue accounts will be forwarded to a collection agency. After this has been done, our office can no longer accept direct payments on your account.

CONSENT TO INSURANCE AND BILLING PRACTICES

I have read the insurance and billing practices, understand and agree to the abide with them.

Signature

Date

Print Name