Lloyd Bellah, M.D.
Adult and Geriatric Psychiatry

1650 W. Virginia; Suite 202
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(972) 542-5980

Insurance and Insurance Collection Policy

In order to insure that your account is properly handled, the office requires you read and sign the *Insurance and insurance Collection* prior to any treatment.

PLEASE INITIAL NEXT TO YOUR CATEGORY OF INSURANCE LISTED BELOW

Private Insurance and Medicare Replacement Plans _____
We require payment in full prior to treatment for all services. Please keep in mind, your insurance policy is a contract between you and your insurance company to pay part or all of your medical bills. We may not be a party to that contract. We have contracts with a number of private insurance plans, but not all of them. It is your responsibility to pay for your services if we do not have a contract with your insurance carrier. Even if we have a contract with your carrier, you are responsible for services that may not be covered by your insurance. At your request, we can provide you with the information required for you to file your own insurance claims to your carrier. All outstanding balances must be paid in full prior to your next appointment.

Medicare (traditional only) _____
We will be happy to bill Medicare on your behalf. However, you are responsible for your 50% co-payment and we must collect it each and every visit prior to treatment. In addition, Medicare also requires a $135 annual deductible. If you have a secondary carrier to cover your coinsurance, please call your secondary carrier to see if your Medicare charges can be forwarded automatically. Please read the section on secondary insurance below regarding secondary carriers.

Secondary Insurance _____
Having a policy secondary to Medicare DOES NOT necessarily mean that your services are covered 100%. Please be aware of the conditions of your secondary policy.
We do not offer billing services for secondary insurance. At your request, we can provide you with the information required for you to file your own secondary insurance claims.
We do accept "Medigap" insurance with automatic crossover from Medicare.

By signing below I consent to treatment and I certify that the information on this form is correct. I hereby assign, transfer, and set over to Lloyd Bellah, M.D. all of my rights, title, and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine my benefits and coordinate my care. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am personally responsible for all charges whether or not they are covered by insurance.

_____ Date _____
Signature of Patient or Responsible Party