An Open Letter to Our Patients

There have been many changes in insurance coverage for patients, as well as payments for physician services during the past few years. The major impact of these changes is a dramatic increase in paperwork required to secure payment. Time constraints have forced us to make changes to our office policy.

Our office will no longer send invoices to patients for balances or co-payments for services provided. We will require a credit card number to be kept on file. No credit card information will be entered into our computer system, negating the possibility of identification theft. Once Explanation of Benefit (EOB) statements are received from your insurance carrier, indicating the appropriate co-payment due, we will bill your credit card directly for those fees. Prior to processing your credit card payment, you will be informed by telephone if the balance owed is greater than $100.

Another option is to pay for services at the time they are rendered. If and when your insurance carrier makes its payment to us, reimbursement will be forwarded to you in a prompt manner.

As a courtesy to our patients, we will continue to bill insurance carriers for services provided at our office, whether or not we are a provider for that carrier. We continue to be a preferred provider for many, but not all, Blue Cross, Blue Shield, Aetna, Health Net, Cigna and United Healthcare plans. It is the patient’s responsibility to confirm with the insurance carrier that Dr. Silvers is a preferred provider for your specific plan.

I would be happy to discuss any questions you might have regarding this office policy. Your understanding is greatly appreciated.

Steven H. Silvers, D.P.M.
AUTHORIZATION TO PAY PHYSICIAN

I assign the right to payment for all medical benefits directly to Steven H. Silvers, D.P.M., in consideration for medical services and supplies provided pursuant to my health insurance plan. I will be responsible for deductibles, co-payments and non-covered services, procedures and supplies. If Dr. Silvers is not a preferred provider for my specific insurance plan, I will be responsible for all fees associated with services and supplies provided. It is not the responsibility of Dr. Silvers' office to determine if he is a provider for each patient's individual plan. Health insurance is a contract between the patient and the insurance provider, therefore it is the patient's responsibility to confirm coverage.

In the event that my health insurance plan refuses to pay for provided, medically necessary services, I also assign all my ERISA* rights to Steven H. Silvers, D.P.M. for a full and fair review of any and all denied claims, including any penalties that may be assessed against the insurance company for faulty claims processing. This ERISA assignment is in consideration for the unpaid services provided and in consideration for the continued willingness of Steven H. Silvers, D.P.M. to see patients, including myself, on an insurance assignment basis. I understand that if my treating doctor prevails in any such payment dispute, I may be liable for co-payment for the contested services.

I give consent to release medical information to Steven H. Silvers, D.P.M. I give consent to Steven H. Silvers, D.P.M. to release medical information to other healthcare providers for the purpose of treatment, when necessary for my care. I give consent to Steven H. Silvers, D.P.M. to send medical information, as necessary, to my insurance plan.

Patient's printed name: __________________________________________

Patient's signature: ___________________________________________

*ERISA is an acronym for the Employee Retirement Income Security Act. The Employee Retirement Security Income Act includes federal laws requiring insurance companies to process submitted insurance claims and appealed (denied) insurance claims according to ERISA regulations. The failure to process submitted insurance claims and appealed (denied) insurance claims according to ERISA regulations may result in fines charged to the insurance company in amounts up to $110 per day for each infraction.

I authorize the office of Steven H. Silvers, D.P.M. to keep my signature on file and to charge my credit card for the balance of charges (deductibles, co-payments and non-covered services) not paid by my insurance.

Credit Card No. ____________________________ Expiration Date: __________

Cardholder's Signature: ____________________________ Security Code: __________

Date: ____________________________

A photocopy of this authorization will be considered valid as the original.