

To our patients:

We bill your insurance on your behalf, however we must have your cooperation to do this. We require a copy of your insurance card, both primary and secondary coverage, if there is one.

There are over 1,000 insurance plans in America. Therefore, it is impossible for our office staff to know the covered benefits of each and every insurance plan.

It is the responsibility of the patient to know and understand policies and benefits of their own insurance plan. This includes:

Required referrals and/or authorizations which need to be obtained prior to services being rendered and presented at time of service

Co-pays, which must be paid at the time of the service

Covered hospital/lab & x-rays

Contracted Facilities

Prior Authorization Procedures

Current Claims address

Please be aware that some insurance companies do not pay for durable medical equipment, splints, knee braces, wrist supports, etc., supplied by our office. You will be responsible for those charges not reimbursed by your insurance company.

We cannot be responsible if outside services are obtained from a facility not contracted with your insurance company. It is the responsibility of the patient to make sure these are contracted facilities. Please check your insurance book.

I have read the above and agree to its terms.

\_\_\_\_\_  
Signature of Patient or Guardian (Parent if patient is a minor)

\_\_\_\_\_  
Date

We thank you for your co-operation

MISSION PEAK ORTHOPAEDIC MEDICAL GROUP, INC.

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