ELIZABETH
KERNER, MD

PLASTIC &
RECONSTRUCTIVE
SURGERY

PAYMENT/INSURANCE BENEFITS FOR SURGICAL PROCEDURES

As a service to you, we will request written predetermination of surgical benefits from your insurance company before surgery in an attempt to determine insurance benefits (if any). This process usually takes approximately six to eight weeks. Most insurance companies will respond regarding your coverage and proposed benefits. ***HOWEVER, SUCH A RESPONSE SHOULD NOT BE MISTAKEN FOR THE INSURANCE COMPANY'S GUARANTEE OF PAYMENT.*** The actual claim cannot be submitted to the insurance company until after surgery is done. The operative report sent after the claim will be used by the insurance company to determine actual medical necessity, and therefore, their payment.

If surgery is covered by insurance, the patient's portion of Dr. Kerner's fees (coinsurance percentage as dictated by the carrier plus unmet deductible amounts) is payable in full prior to surgery. If you elect to have your surgery before receiving a written response from the insurance company or without insurance benefits, you will be required to pay this office in full *PRIOR* to surgery, and you will *not* be able to file with insurance for reimbursement.

Sometimes, insurance carriers will not disclose exactly how much will (or will not) be paid. Caution should be exercised in making a financial decision based on information furnished by your carrier. Your insurance policy is a contract between you (or your employer) and the insurance company. This office is not a party to that contract. Most insurance companies have set their own fee schedules that may or may not coincide with our fees. If Dr. Kerner's fees do not fall within your insurance company's fee schedule (i.e., above "usual and customary"),***IT WILL BE YOUR RESPONSIBILITY TO PAY ANY REMAINING BALANCE*** after insurance has paid. Even in the event written approval has been obtained, you will be responsible for payment of any balance not paid by your insurance company, regardless of their reason for nonpayment.

Per Article 21.55 of Texas Insurance Code, state law requires insurance carriers to: 1) acknowledge claims, begin their investigations, and request any needed information from claimants within 15 days after claims are received; 2) notify claimants in writing of the acceptance or rejection of their claims within 15 days after receiving all required information; 3) give their reasons in writing when they reject claims; and 4) make payment within five business days after notifying claimants their claim will be paid. (If payment is conditioned on some action by the claimant, then payment must be made within five business days after that action.) Unfortunately we are unable to carry account balances for more than 90 days. Some carriers complicate payment of claims by continuing to ask for further information even after the claim has been filed. If we have provided all requested information and the carrier continues to "review the claim" and withhold payment, you will be required to assume negotiations at that point. If after 90 days your insurance company has not settled in full with this office, you will be responsible for immediate payment in full and any necessary follow-up with your carrier.

Additionally, the American Medical Association guidelines provide for postoperative visits at no charge to the patient/insured for a specified period of time. This "global period" ranges from 30 to 90 days (with a few exceptions) depending upon the procedure performed. Following the expiration of the global period, charges will resume for office visits.

This office utilizes electronic billing for insurance claims with most major insurance carriers including Medicare. Your signature below indicates you understand your claims may be sent electronically and you have given your consent and authorization.

By your signature below, you confirm that you understand these policies and agree to comply with them.

_____ _____

Patient's Name (please print) Signature of Patient/Responsible Party

_____ _____

Date Signature of Witness