

The North Shore Vein Center is committed to providing you the very best medical care possible. We are also committed to making the cost of our medical care as affordable to you as possible, and will assist you in receiving the maximum medical insurance plan benefits that may be available to you.

Insurance plans

Your medical insurance is a contract between you, your employer and your insurance carrier. The North Shore Vein Center is not a party to that contract. The North Shore Vein Center is a participating provider with various insurance carriers. However, participation by our practice with an insurance carrier does not necessarily guarantee benefits coverage for you or payment for medical services, and in no way affects or determines any aspect of the independent contract for coverage that you may have with your carrier.

It is important to emphasize that as medical care providers, our relationship is with you, not your insurance company. We want to advise you about what is best for your health and well-being, regardless of what an insurance company policy might be. While the filing of insurance claims is a courtesy that we extend to you, all charges are ultimately your responsibility from the date medical services are rendered. **Please let us know if there are any changes to your coverage after we have determined your initial benefits.** This will allow us to reach your new carrier or explain any upcoming charges that are not being covered due to a cancellation or change in insurance carrier.

What service are covered

Not all medical services are "covered" by insurance. In fact, a given insurance plan may pay for certain medical procedures or services in some circumstances and not others. In order to better assist you, we will submit a pre-determination of benefits on your behalf so that you will be made completely aware of the services that are covered and those that are not. You allow have ample time to understand what out-of-pocket expenses you may have, if any, prior to beginning treatment.

In-Network patients

For Medicare and most commercial insurance plans with which we participate and are in network, we will file claims for payment of vein procedures and Sclerotherapy for symptomatic varicosities, and other such procedures that are generally covered by insurance. **If we are in-network with your provider, you will generally be responsible for co-payments, co-insurance, and deductible amounts that you have agreed to as part of the contract that you made with your insurance carrier.** Since our patients all choose different plans, with different levels of deductibles, coinsurance and co-payments, it is your responsibility to be aware of these additional payments that you may incur. In addition, we are bound by a contract with your carrier to collect all of the additional payments that you contracted and agreed to take responsibility for with your carrier.

Out-of-network patients

If we are out-of-network with your provider, we will first identify if you have out-of-network access and we will determine the level of coverage that you have. **If acceptable coverage exists, we will accept payment from your provider as full payment and all co-insurance, deductibles and co-payments will be waived.** With some insurance plans, including out-of-network patients, The North Shore Vein Center will apply for pre-determination of services prior to treatment and will file the appropriate claim on your behalf after treatment. **Frequently, payment for services may be made directly to you. You agree to notify us immediately when you receive payment, and will correspondingly forward to us the amount of that payment, along with a copy of the explanation of benefits (EOB) you receive, within two weeks of that receipt.** You may either endorse the check over to us or you may deposit it in your account and reimburse us the exact amount directly. We will accept this as full and final payment for that particular service. If you receive the explanation of benefits along with the payment for treatment provided by us and do not forward them to us within thirty days, you are responsible to pay the full amount billed to your insurance company for the services that you received at The North Shore Vein Center. Our mutual commitment to our out-of-network patients to waive all other payments except for their insurance reimbursement will be honored as long as we receive the total payment made by the carrier to the patient for services rendered by The North Shore Vein Center.

Sclerotherapy

For specific services that we know will NOT be covered by your insurance plan (e.g. all cosmetic spider vein treatments), whether we are "participating within network" with that carrier or not, we will NOT submit a claim to the carrier. Payment for such services is due at the time services are rendered. Spider vein treatments will be \$500 per treatment session. Please refer to the Sclerotherapy policy if you are receiving solely Sclerotherapy treatments for cosmetic purposes.

As was explained to you, we also treat deeper, feeding veins that require imaging to access in addition to superficial spider veins. These sclerotherapy injections will be submitted to your insurance company for possible reimbursement. Please understand that you will see a sclerotherapy charge in your explanation of benefits indicating this, but these deeper injections are distinct and different than those cosmetic injections that you were asked to pay for at the time of your visit. The solutions and methods - as well as the types of veins treated - are not the same as those used to treat your spider veins. Cosmetic spider veins are listed under insurance code 36468 in your explanation of benefits and are rarely covered, as opposed to the deeper injections that are listed under code 36471 and 76942 and are sometimes covered. If these deeper vein sclerotherapy injections are not covered by your carrier, we will accept the spider vein injection payment as payment in full and you will not be billed any additional sums for sclerotherapy outside of the cost of the cosmetic spider vein injections

Surgery Cancellations

We require a minimum of one week notice for the cancellation of all vein surgery procedures. Special, customized procedure packs and laser components are ordered for each patient. A \$500 fee will be charged if a one-week notice is not provided. We will call all patients the week prior to their procedure so that there will be ample opportunity to notify us of any changes in your plans. This fee will be increased to \$1000 for any cancellation or reschedule within 48 hours (2 business days) - as the time cannot be filled, and custom equipment must be available for each patient, and these costs cannot be recovered within 2 business days. Certainly, exceptions will be made for documented emergencies.

Ultrasound examinations

Ultrasound examinations and a screening circulation evaluation are often, but not always, necessary to confirm a diagnosis made during the complimentary screening and are certainly necessary before planning any surgery. These screening examinations entail a separate charge and are not part of the complimentary screening and free physician evaluation. We will bill your insurance company for screening exam when appropriate. You will not be responsible for any out-of-pocket expenses as a result of this testing even if your carrier does not provide reimbursement.

Payment Terms

Payment for services not covered by insurance is due at the time services are rendered. Any outstanding balance unpaid by insurance more than ninety (90) days following the date of service must be paid by you, upon invoice. Return checks and balances older than 90 days will be subject to additional collection fees and interest charges of 2% per month.

Authorization and Release

I request that payment of authorized Medicare Insurance benefits (or the benefits payable by any commercial carrier, as appropriate) is made to North Shore Vein P.C. for any and all services furnished to me. I authorize release to Medicare and/or agents (and to any commercial carrier, as appropriate) any medical information about me as necessary to determine whether and to what extent benefits may be payable for services to be rendered to me by The North Shore Vein Center. I have read and fully understand the above statements regarding payment policies and agree that I am responsible for any fees incurred on account of those services.

Patient Signature: _____

Witness: _____

Date: _____