



**PALM BEACH
SPORTSMEDICINE
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Physical Medicine & Rehabilitation

TO: OUR PATIENTS

RE: Third party relationship between patients, insurance companies, and physicians.

Due to constant changes in health care, insurance questions concerning coverage, billing & payments are increasing and are creating increased confusion. We ask that you read this explanation to assist you in understanding how to deal with our business office and your insurance company.

- 1) You have selected and purchased health care insurance, and you are the customer of the insurance company. Therefore, you have to deal with them regarding issues such as co-payments, deductibles, and treatment authorizations and benefit coverage. Our insurance staff is overwhelmed with paperwork and cannot fight each insurance company on behalf of all our patients. There are thousands of insurance companies and each has several different plans available. You pay the premium and have the clout to resolve claim issues with your insurance company. You are our patient and we are concerned with your health. You are their client and they should be concerned with payment of your health insurance claims.
- 2) We expect payment at time of service, unless we have a contract with your insurance company. We cannot bill your commercial insurance in lieu of payment at the time of service, unless it is for services as an inpatient in the hospital. We will file insurance claims for you on the HCFA 1500 standard insurance form, using Current Procedural Terminology (CPT-4) codes that are used as the health care standard. If your insurance company requires additional forms to be completed then you are responsible filing those forms. **INSURANCE CO-PAYMENTS ARE REQUIRED ON SOME PLANS AND DUE AT THE TIME SERVICE IS RENDERED.**
- 3) If we (Palm Beach SportsMedicine) have a contract with your insurance company, we will accept as our charge their approved allowable amount. You may be personally responsible for a portion of the approved allowable amount such as a co-payment, lab exception, deductible or amount due for services that are not covered by your insurance policy. If you do not agree with the insurance company, call them and get an explanation that you understand. They have their own methods for calculating payments on claims and they do not share these methods with us. They sold you the policy and they need to explain to you why they are not paying for something that you feel should be covered.
- 4) Please remember that some insurance companies require information regarding your status once a year. If this information is not provided to them, your claims will not be paid by your insurance company and then will become your payment responsibility.
- 5) If we send you for diagnostic tests, or physical therapy, it is your responsibility to inform the provider of services what type of insurance you have. You also need to find out your out of pocket responsibility before you see the provider. We will try our best to send you to a provider on your insurance plan. Due to ever-changing plans and providers, it would be to your advantage to double-check before you go to be sure the provider is on your plan. All insurance cards have a toll free number to call to find out your benefits and responsibilities. If any tests or physical therapy requires pre-authorization, our office as a courtesy will do that to you.