



North Texas Joint Care, P.A.
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ABOUT YOUR HEALTH PLAN COVERAGE

We are committed to providing you with the best possible care and to helping you receive maximum allowable benefits under your health plan. In order to achieve these goals we need your assistance and your understanding of our policies.

REGARDING OFFICE VISITS:

1. A valid CURRENT card must be available at each office visit.
2. If we are unable to verify your coverage, or if your health plan tells us you are not covered, payment in full for all services is due when rendered. If payment is subsequently made by your insurance company, any overpayment will be refunded to you.

IF THESE CONDITIONS ARE NOT MET SERVICE WILL BE DENIED.

REGARDING YOUR HEALTH PLAN:

1. Your insurance is a contract between you, your employer and the insurance company. We are not an intermediary to that contract. While we have an agreement with the health plan to provide services, any questions regarding coverage must be resolved by you with your insurance company.
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. If you wish to have a certain service which is not covered, you are responsible for payment in full for that service.

By signing below, I acknowledge that I have read this page and understand it completely.

SIGNATURE: _____ DATE: _____

Relationship to patient _____