

Medicare Supplemental Policy Notice and Disclosure
(Updated, Sept. 2005)

To The Patients, Family, and Responsible Parties of Our Medicare Patients:

At this time, we wish to thank and acknowledge your ongoing confidence in North Texas Joint Care for your specialist services in Rheumatology. We cannot overstate how much this means to the morale and future of our practice.

In order to maintain the level of quality that you have come to expect, we must reinforce and insist upon the policy that the CoInsurance under your Medicare Allowable for visits, services, treatments, and injection/infusions must be paid-in-full and current to date at all times. YOU must pay any due or past due balances, even if your Supplemental plan may be paying later; overpayments will be gladly and promptly refunded to the appropriate parties (usually the Patient). There is no funding in the Medicare system to finance re-billing, appeals, and arbitration of the CoInsurance portion of Allowables. We DO NOT have separate contracts with your Supplemental Policy payers, who number in the hundreds; INSTEAD, they are contracted directly with 2 parties – you, the patient, and Medicare; they are further regulated by State and Federal institutions. If we bill THEM, as a COURTESY, you may be permitted a few weeks (possibly up to 40 days past the Date Of Service), to see whether they pay YOUR account balance. **THIS DOES NOT FORFEIT OUR RIGHT TO BILL AND COLLECT FROM THE PATIENT / RESPONSIBLE PARTIES.** We have no way of monitoring the hundreds of Supplemental payers to know whether your policy is in force, what it covers, whether you have met the deductible, whether there is a co-pay, etc.; the government is also short on resources to monitor these issues, but they CAN process your grievances if you contact the authority that has jurisdiction, such as the Texas Dept. of Insurance in many cases.

Please sign to acknowledge your acceptance or refusal of this policy.

Best regards,

NTJC Management

Cc. Patient/Responsible Party, Chart

Accept: _____; Date: ____
(Continuation of Service)

Refuse: _____; Date: ____

UNPAID ACCOUNT BALANCES MAY RESULT IN CANCELLATION OF VISITS AND SERVICES, WITH OR WITHOUT FURTHER NOTICE