

Curtis L. Mosier, M.D.

Victor L. Cobos, M.D.

1300 Fulton St. #203
Denton, Texas 76201
Phone: 940-382-2646 Fax: 940-384-1610

Insurance Billing Policy

The health insurance industry and payment for health care continues to change. The following describes our billing policy.

We have a contract with, and we are a provider for, several managed health care plans (HMO, PPO, Medicare, etc.). If you are a member of such a plan we will file your insurance for you. There may be deductible payments and co-payments that are your responsibility. If you know you have not met your deductible, please let us know so we may arrange payment.

If you have traditional insurance, there is not a contract between the doctor and the insurance company. We are happy to file your insurance for you as a courtesy to you. You may have a deductible payment and/or co-payment as well as a portion of the bill your insurance company does not pay that is your responsibility. If you prefer to file your own insurance, please let us know.

All health insurance has a requirement for authorization of treatment and/or a second opinion. It is our policy to verify your insurance, obtain authorization for treatment, and notify you of a need for a second opinion.

IMPORTANT: Some insurance policies have specific exclusions, restrictions, or waiting periods. If we do not have a contract with your plan, we cannot know these limitations unless **you** bring them to our attention. Failure to inform us of these limitations **before** treatment could reduce or deny payment, which then becomes your responsibility.

For patients who do not have health insurance, payment for office services is usually required at the time of service unless prior arrangements have been made with the office manager. For elective surgery, at least a partial payment is required before treatment. We accept cash, checks, or money orders.

Our goal is your good health, we are here to serve your medical needs. If you have any questions about our policy or insurance, please ask us. We will be glad to help.

Curtis L. Mosier, M.D. / Victor L. Cobos, M.D.

ASSIGNMENT AND RELEASE

I, the undersigned, have insurance coverage with _____ and assign directly to Dr. Curtis L. Mosier, M.D. and/or Victor L. Cobos, M.D. all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature of Insured/Guardian

Date

MEDICARE AUTHORIZATION

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Dr. Curtis L. Mosier, M.D. and/or Victor L. Cobos, M.D. for any services furnished me by that physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If "other health insurance" is indicated in item 9 of the HCFA-1500 form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.

Beneficiary Signature

Date