
Patient Name

Date of Birth

Insurance Information

Primary Insurance

Name of Carrier: _____

Policy #: _____

Group #: _____

Insurance Address: _____

Insurance Phone Number: _____

Are you the policyholder? Yes No If not, who is? _____

Relationship: _____

Date of Birth: _____

Secondary Insurance

Name of Carrier: _____

Policy #: _____

Group #: _____

Insurance Address: _____

Insurance Phone Number: _____

Are you the policyholder? Yes No If not, who is? _____

Relationship: _____

Date of Birth: _____



INSURANCE INFORMATION AND WAIVER

Medicare and all insurance companies do not cover cosmetic surgical, injectional or laser procedures. Many treatments for varicose veins are considered cosmetic, however many are covered by insurance and Medicare. We make all attempts to find out if the procedure that your doctor has recommended will be covered by your insurance plan. The Surgical Clinic, PLLC, expects that Medicare and/or your private insurance company will not pay for the treatment of your varicose veins and/or spider veins that are deemed cosmetic procedures by your physician. If you decide to proceed with treatment and Medicare or your insurance company determines that a particular service or procedure relating to the treatment of your varicose veins or spider veins is not medically necessary, investigational or is not covered under your plan benefits, you agree to be personally and fully responsible for payment.

Billing Policy:

The Surgical Clinic, PLLC, will file your insurance or collect self pay accounts. You, the patient, will be responsible for any personal balances. Any account turned to an outside collection agency will be charged 30% on the unpaid balance including any incurred attorney/court costs in collecting that balance.

I have read and fully understand the above statements.

Signed: _____ Date: _____