

Insurance Information



Name: _____

Patient Acct #: _____

Date of Birth: _____

Primary Insurance

Name: _____

Subscriber #: _____

Group #: _____

Ins. Address: _____

Ins. Phone #: _____

Subscriber Name: _____

Subscriber DOB: _____

Secondary Insurance

Name: _____

Subscriber #: _____

Group #: _____

Ins. Address: _____

Ins. Phone #: _____

Subscriber Name: _____

Subscriber DOB: _____

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 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 you plan benefits, you agree to be personally and fully responsible for payment.

Billing Policy:
The Surgical Clinic 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 accrue fees on the unpaid balance including any attorney/court cost in collecting that balance.

I have read and fully understand the above statements.

Patient Signature: _____

Date: _____

Date of Birth: _____