

ADVANCED GASTROENTEROLOGY OF SOUTH FLORIDA, PA

Karthik Mohan, DO

Board Certified Internal Medicine

Board Certified Gastroenterology

Gastroenterology

Palmetto Medical Plaza

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POLICY ON INSURANCE AND ASSIGNMENT OF BENEFITS

Name _____

As physicians, our relationship is with you, not your insurance company. Please understand that:

- **Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.**
- Our fees fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of “usual, customary, and reasonable fees” for this region. This statement does not apply to companies who reimburse based on arbitrary “schedule” of fees which bears no relationship to the current standard and cost of care.
- Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover, and do not readily disclose this fact until after the service has been rendered.
- Only one procedure is done per visit. If necessary, a follow-up visit may be scheduled to discuss results.

For HMO patients: Your insurance carrier allows up to 5 visits without a referral and thereafter requires you to have a referral to visit Dr. Mohan. If you do not have a referral, your visit will be deferred, delaying your treatment and care.

I hereby instruct and direct my Insurance Company, to pay by electronic deposit of funds or check made payable to Advanced Gastroenterology of South Florida, PA.

If my current policy prohibits direct payment to a doctor, I hereby also instruct and direct you to make out the check to me and mail it to the address above, for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

- A photocopy of this assignment shall be considered as effective and valid as the original
- I authorize Advanced Gastroenterology of South Florida, PA to deposit checks received on my account
- I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.
- I authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Signature of Patient/Policy Holder

Date