

Daniel G. Turgeon, M. D., F. A. C. S., P.L.L.C.
Karim S. Trad, M.D., F.A.C.S.
Suite 312 ♦ 1800 Town Center Drive
Reston, Virginia 20190

INSURANCE AND BILLING POLICY

Welcome to our office. The doctors and staff are pleased that you have selected us and are here to help you in any way we can. The following information outlines our office policies. We hope this will be of help to you. If you have any questions, please feel free to ask.

If you have health insurance, this office will bill your plan directly as a courtesy to you. We use the services of an independent billing contractor, Physicians' Billing Services. There is no charge for filing your insurance claim; however, charges for which you are contractually responsible at the time of the visit, such as, but not limited to, co-payments are payable at the time of the office visit. If not paid at that time, a billing surcharge of ten dollars will be assessed. We accept cash, check, Visa and MasterCard.

Please be aware that it is your responsibility to understand the requirements and provisions of your insurance plan. All plans are different, even within carriers. We suggest you refer to your Health Insurance Plan Handbook, contact the Member Services division of your insurance company or consult with your Human Resources person for information on your benefits.

If your insurance requires a referral to this office from your primary care physician, it is your responsibility to know this and to obtain the referral. We cannot be responsible for failure to obtain a referral and any out of pocket expenses that may result from such failure. If you cancel an appointment less than 24 hours prior due to lack of referral, a fee of \$25.00 applies.

If surgery is scheduled, this office will precertify the procedure with your insurance. We advise that you check your insurance member benefits to determine your portion of financial responsibility, deductible, co-insurance etc. for the surgeons' fees. Please be advised that the surgeon's fee is independent of the anesthesia, radiology and facility fees.

If it is necessary to remand collection of an account to a collection agency, all applicable collection and attorney's fees incurred will be added to the outstanding amount and the collection agency may report a negative credit report to a credit-reporting agency. In the event of a returned check, a \$15.00 charge will be assessed.

I have read and agree to the above terms. I hereby authorize Daniel G. Turgeon, M.D., F.A.C.S., P.L.L.C. to file claims and receive payment for services directly from my insurance carrier. Should certain services be deemed not covered by my insurance carrier, I will assume responsibility for paying these services. In addition, should I receive any payments for claims from insurance companies for services received by me from Dr. Turgeon or Dr. Trad, I will be responsible for immediate payment to Daniel G. Turgeon, M.D., F.A.C.S., P.L.L.C.

Patient Signature

Date