

Dear Patient:

If we are going to bill your insurance, we will need the following information for all services. If there is no injury for today's visit, and no other insurance will be filed, skip 1-5 and sign and date at the bottom.

Date: _____

Name of Cardholder: _____

Social Security # of Cardholder: _____

Birth date of cardholder: _____

Employer: _____

Patients Name: _____

1. What is the date on injury? _____
2. How and where did the injury occur? _____
3. Was the injury related to your employment? _____
4. Was the injury related to an automobile accident? _____
5. Is there another insurance company involved in payment of claims? _____

If yes, please provide the following information:

Name of insurance company: _____

Address: _____

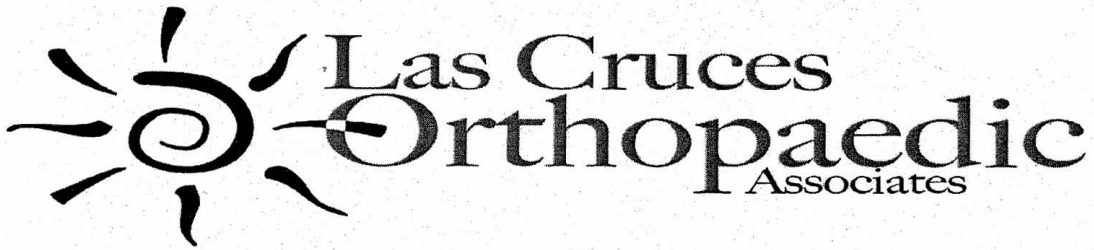
Policyholder: _____

Thank you for your assistance

X

Patient Signature

Date



675 Avenida De Mesilla
Las Cruces, NM 88005

FINANCIAL STATEMENT

It is LCOA's financial policy to bill your insurance company as a courtesy to you for all major services, although you do **remain responsible for the entire bill**. Once the insurance company is billed we will set aside the estimated portion due from the insurance company for 60 days. We do require that the patient's portion be paid at the time of service. If your insurance company does not remit payments from your insurance for services still due to us, please remit those payments to us immediately. Also, if we receive any payment in excess of the estimate balance due from the insurance company, we will promptly refund the credit amount to you.

For Self Pay Patients: **All services will be expected to be paid at the time of service** (unless other arrangements for payment have been made).

For Medicaid and Workers Compensation claims, we will bill all services directly. No payment will be expected from the patient unless the services are denied for reasons of expired Medicaid eligibility or denied workers compensation acceptance. Please note **proof of Medicaid eligibility (referral) is required at the time of service**. If you are filing a Workers Compensation claim, you will still be required to present your private insurance card. We will not file a claim for you without this information.

For our HMO/PPO covered patients, **co-pays are due at the time of service**. If your insurance plan requires a referral/authorization, you must present this at the time of service along with your insurance ID card. Also **payment for any non-covered services will be due at the time of service**.

For our Medicare patients, LCOA is a participating provider; therefore all covered services will be billed to Medicare for you. You are to pay only the patient coinsurance and/or deductible.

I have read and understand the financial policies

Printed Name of Patient

Patient/Responsible Party

Date

LCOA representative

Date