



HEARTLAND MEDICAL CARE, P.C.

10010 East Truman Road

Independence, Missouri 64052

(816) 252-7800

FAX (816) 252-3542

Wayne L. Letizia, M.D.

James V. Linnick, D.O.

BILLING POLICIES

As a service to our patients, when we have insurance information, a claim will be filed with the primary insurance carrier for services which we have provided. Even if a claim is filed on your behalf, we will send you a monthly statement, and it will indicate the status of your account. In some instances, your insurance company will pay us directly, in which case this amount will be credited to your account. In cases in which the payment is sent to you, we expect prompt settlement of the charges in full from you.

Although we have filed an insurance claim on your behalf, YOU CARRY THE INSURANCE COVERAGE. You or your employer selected the company and the coverage which you have. It is YOUR responsibility to question your insurance company about delays in payment and/or the amounts they pay. We are happy to offer you whatever assistance we can reasonably give. However, we cannot accept responsibility for lack of coverage or slow payment.

YOU ARE RESPONSIBLE FOR PAYMENT OF YOUR ACCOUNT, REGARDLESS OF THE AMOUNT YOUR INSURANCE COVERS. We will write-off only the amount specified by the insurance company.

We are happy to file insurance claims on your behalf with your primary carrier. To do so, we need complete, current and correct information. On your first visit, we will ask you to complete our Registration Form and sign an authorization for us to release medical information to your insurance carrier. If for any reason your information changes (your address, insurance company or coverage, employer, numbers, etc.), please keep us informed.

It is YOUR responsibility to determine if a particular doctor participates with your insurance plan. It is YOUR responsibility to obtain the necessary referrals and authorizations from your insurance company or from us as your primary care physician.

In the event that your account must be turned over to a collection agency and/or attorney for collection, you will pay on demand all costs of collection, legal expenses, and attorney's fees incurred.

Your satisfaction is important to us. If you have any questions, please call our office at 816-252-7800 or write us at the address on this letter.

I have read and understand this billing policy.

Patient/Guardian Signature

Date

Witness