

Insurance Information

In order to have the freedom to provide health care that is not driven by insurance company reimbursement schedules, we have made the choice to have an “out-of-network” relationship with them. We are a non-participating provider in private insurance company plans, HMO’s, and PPO’s. We have “opted out” of Medicare and Medicaid programs. If you have one of these plans, we will provide you with the documentation you need to file your claim in the form of an itemized invoice that lists the appropriate diagnosis codes your insurer requires.

In the case of Medicare and Medicaid, the government regulations require that both the physician and the patient agree “**not**” to seek reimbursement if you choose to private contract with us. A sample of the contract is provided for your review on page 2. We do not know the details of the private insurance plan you are covered by and, therefore, cannot predict what will be reimbursed. Each plan has been negotiated by your employer or other organization and has different deductibles and coinsurance percentages. Please contact your insurance company or Human Resources representative to determine what your coverage for “out of network” medical care will entail.

Methods for filing vary by company, but generally, you will need to mail or fax the super bill provided at check-out to your insurer along with the claim form. You can obtain these forms from your employer or go to the insurance company web-site. You fill out the top portion of the form and where it says to send payment, check the box for reimbursement to you. The bottom portion is supposed to be filled in by the physician. You can write in “See Attachment” and send the itemized invoice discussed previously.

Requests for additional information by your insurance company will be handled through the patient only. We do not have the resources to spend time on the phone with customer service reps. from insurance companies trying to resolve individual claims. All reasonable requests will be taken care of via E-mail or fax. If you are still having difficulty getting reimbursed, contact your employer and ask them to intervene on your behalf. They often have an inside edge when dealing with an insurance company.

Finally, some services or labs may not be covered as determined by your insurance company such as supplements, custom compounded prescriptions and specialized testing. These may be covered under a Flex spending account or other medical savings account. We cannot predict what your plan will reimburse. We will do our best to provide you with the proper documentation. Securing payment can be difficult, whether the services rendered are conventional or alternative. Your best bet is to keep close track of what and when you submit and challenge or appeal any decision they make which is not explained to your satisfaction. We will help you as best we can, but, in general, are not involved in claims processing beyond providing documentation for your office visit.

**SAMPLE MEDICARE PRIVATE CONTRACT
IN COMPLIANCE WITH 42 U.S.C. §1395a; 42 C.F.R. § 405, SUBPART D**

This contract is entered into by and between Nelsa A. Ciapponi, MD (hereinafter called “physician”), whose principal medical office is located at 3111 Springbank Lane, Charlotte, NC and [insert name of Medicare beneficiary] (hereinafter called “beneficiary”), who resides at _____, and shall become effective on this __ day of _____, 2011 and shall expire on the __ day of _____, 2013 (the “opt out period”), unless otherwise renewed in accordance with the 42 U.S.C. 1395a; 42 C.F.R. 405, Subpart D.

Physician Obligations

The physician acknowledges that she is excluded from Medicare under sections 1128, 1156, 1892 or any other section of the Social Security Act.

The physician acknowledges that this contract shall not be entered into with the beneficiary, or the beneficiary's legal representative, during a time when the beneficiary requires emergency care services or urgent care services, except that the physician may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 42 C.F.R. § 405.440.

The physician acknowledges that she must retain this contract (with original signatures of both parties to this contract) for the duration of the opt-out period, and that it shall be made available to the Centers for Medicare and Medicaid Services (CMS) upon request.

The physician shall provide a copy of this contract to the beneficiary, or to his or her legal representative, before items or services have been furnished to the beneficiary under the terms of this contract.

The physician acknowledges that she must enter into a contract for each opt-out period.

Beneficiary Obligations

The beneficiary, or his or her legal representative, accepts full responsibility for payment of the physician's charge for all services furnished by the physician.

The beneficiary, or his or her legal representative, understands that no payment will be provided by Medicare for items or services furnished by the physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

The beneficiary, or his or her legal representative, understands that Medicare limits do not apply to what the physician may charge for items or services furnished by the physician.

The beneficiary, or his or her legal representative, agrees not to submit a claim, nor ask the physician to submit a claim, to Medicare for Medicare items or services, even if such items or services are otherwise covered by Medicare.

The beneficiary acknowledges that this written private contract contains sufficiently large print to ensure that the beneficiary is able to read this contract.

The beneficiary, or his or her legal representative, has entered into this contract with the knowledge that he or she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare and for whom payment would be made by Medicare for their covered services, and that the beneficiary has not been compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted-out.

The beneficiary, or his or her legal representative, understands that Medigap plans do not, and other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

The beneficiary, or his or her legal representative, understands that this agreement shall not be entered into with the physician during a time when the beneficiary requires emergency care services or urgent care services, except that the physician may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 42 C.F.R. § 405.440.

The beneficiary, or his or her legal representative, acknowledges that a copy of this contract has been provided to the beneficiary, or to his or her legal representative, before items or services have been furnished to the beneficiary under the terms of this contract.

I understand that during the opt-out period, a Medicare Advantage plan may not by law make any payments to the physician for any Medicare items and services furnished to the beneficiary under this contract.

Nelsa A. Ciapponi, MD
Name of Physician (printed)

Signature of Physician

Date

3111 Springbank Ln., Charlotte, NC
Principal Office Address

704-540-3737
Telephone Number

1689690968
National Provider Identifier

Name of Beneficiary (printed) or His/Her Legal Representative

Signature of Beneficiary or
His/Her Legal Representative

Date

Home Address

Telephone Number