

# INSURANCE BILLING & REIMBURSEMENT POLICY

Please be advised that as a courtesy, Dr. Kerch can bill your insurance company for the following retail items:


By reading and signing on the line below, you agree to accept full payment responsibility for this item. You are entitled to a refund for any partial amount your insurance pays on this retail item.

If you receive notice from your insurance company that the item is covered, please notify our office so that we can expedite your refund. We do not accept partial payment from your insurance company as payment in full.

Please note that you may receive a billing for the patient's portion of the insurance billing, even if you paid for the item at time of purchase. This bill is automatically generated when the insurance is billed. Please disregard your bill until such time as we are informed that the claim is accepted or denied.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Name Here \_\_\_\_\_