

**IVONNE M. REYNOLDS, DO, LLC**

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**Insurance Claims**

Please remember, a health insurance policy/plan is a contract between an insurance company and individual or/his sponsor (e.g. an employer). The type and amount of health care costs that will be covered by the health insurance company are specified in advance, in a member’s contract or “evidence of coverage” manual. The individual insured person’s obligations may take several forms. Some companies will pay fixed allowances for certain procedures and others will pay a percentage of the charge. It is the patient’s ultimate responsibility to pay any deductible, coinsurance or any other balance not paid for by the insurance company. Dr. Ivonne Reynolds, DO, LLC will provide you with your *estimated* financial obligation (co-pay, deductible, coinsurance) for which payment is expected when services are rendered. When filing your claim, we will allow forty-five (45) days from the date of service for the carrier to process your claim and make payment accordingly. If payment is received within the time frame specified above, we will notify you to pay your account in full if there is a patient responsibility.

Billing insurance carriers is only done as a courtesy to the patient and does not dismiss the patient’s responsibility for payment in full.

I certify that I have read and fully understand the provider’s billing policy. I hereby authorize my insurance company to make payment directly to the physician for all applicable benefits and otherwise payable for services rendered by the physician. I understand that I am financially responsible to the physician for any and all co-insurance, deductibles, copays and/or non-covered service charges that the carrier (HMO/TPP/Medicare) declines to pay.

I hereby authorize the release of my medical records to my insurance provider as deemed necessary for payment of insurance benefits.

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Patient’s Signature