

PATIENT BILLING FORM

Thank you for choosing to receive your or your child's psychiatric and/or psychotherapeutic care from Michael Juboori, M.D. I am not in-network for any insurance companies and I require patients and/or identified responsible parties to pay up front for all services. Although you may receive reimbursement from your insurance company for some or all of the cost of care, you must identify who will provide payment at the time of service. I accept cash or check. Please bring cash or check(s) to each appointment. Please also complete the credit card authorization form for at least one credit card, which will be kept on file as back-up to ensure payment for services.

Who will be responsible for paying for services provided to you or your child by Michael Juboori, M.D.?

Name: _____ (put "self" if you will be responsible)

Street Address: _____ (leave blank if you will be responsible)

City, State, Zip: _____ (leave blank if you will be responsible)

Phone: _____ (leave blank if you will be responsible)

Although I do not accept insurance, many insurance companies will reimburse you for some of the cost of your care. The amount your insurance company will reimburse you depends on many factors, including the following:

1-Your insurance plan: Most HMO plans do not provide any out-of-network benefits and will not reimburse you for my services. PPO plans are more likely to provide an out-of-network benefit and to reimburse you for some of the cost of your care.

2-The patient's diagnoses, if any: Insurance companies provide more mental health coverage for certain diagnoses, called "parity" diagnoses.

3-The number of mental health services received: Many insurance plans will only reimburse for a certain number of mental health services (particularly psychotherapy visits) per year. Once that number is reached, they will not reimburse for any additional visits.

4-The type of service provided: For billing and insurance purposes, each health care visit is given one or more "procedure codes" that describe the services provided during the visit. The charge for each visit depends on the type of services provided during the visit, as described by the visit's procedure code(s). Likewise, the amount of money your insurance company reimburses you for a visit will depend on the visit's procedure code(s).

5. Submission of a reimbursement request form: You must submit a request to your insurance company asking for reimbursement. Each insurance company's process for requesting reimbursement is slightly different. If you would like your insurance company to

reimburse you, you should visit your insurance company's website or contact them to learn how to request reimbursement. Most insurance companies have a form you can download from their website, complete, and submit to them to request reimbursement. When you submit your reimbursement request, you must include proof that you received services. I can provide you that proof in the form of a specialized health care services receipt, called a Superbill. If you would like to submit a request

Signature _____ Date _____