

## **Amar Medical Associates**

John D. Amar, M.D. Ear, Nose, Throat, Allergy  
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### **INSURANCE DISCLOSURE:**

### **BENEFITS INFORMATION OVER THE PHONE DOES NOT GUARANTEE PAYMENT**

As a courtesy to our patients we call and/or go on-line for insurance benefit quotes based on your insurance policy benefits for our Specialty. However, in spite of the information received at the time, this is NOT a guarantee of payment to our office according to your insurance company. They quote us on the phone "Payment of a claim is not a guarantee of payment until the claim has been received and reviewed for processing".

One reason that the payment cannot be guaranteed is that most health plans have various limitations, such as the status of the subscriber's coverage may change at any time. An employer group plan may cancel coverage retroactively, or report a cancellation between the time of our phone call and the time of service. Claims from other providers may not have been processed against your annual deductible or total out-of-pocket benefit met at the time of our phone call. Most Insurance Carriers have out-sourced their call centers to out of State or out of Country. Those call centers do not have access to all your benefits. We will try our best to gather your current benefit.

In our Specialty of Ear, Nose, Throat, Allergy, Hearing Test or Hearing Aid Services, insurance companies do not always have available the details on-line for our specialty, therefore, we must call for your benefit coverage. We encourage you too, and call your insurance company to verify benefits for our specialty that have been given to us prior to your visit with us. When a procedure is performed in our office please be aware of your benefits, in case of discrepancy.

All payments will be your/patient responsibility. Your Insurance contact phone number is usually on the back of your insurance card. Please Note: We do not participate in any contracts with HMO Plans, Covered California if an individual plan or any Medi-cal Plans, IEHP, Molina, etc.

Thank you for choosing our office for your Specialty Care.

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SIGNATURE OF PATIENT OR REPRESENTATIVE

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PRINT NAME

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DATE