

Your Letterhead Here

Date:

Dear _____

You are covered with _____ insurance.

Your insurance carrier has a policy that will not pay for two or more totally unrelated surgical services that are provided on the same date of service or they will not pay an office visit on the same date of service as a procedure is performed, even if the office visit is for another, unrelated problem. This is referred to as bundling of services. These policies are inconsistent with those established by the American Medical Association or Medicare.

This means that if our office treats more than one problem per visit, we will only get paid for one service – even if unrelated care or multiple services are provided.

For this reason, due to the coverage you have, we can only treat one problem per visit.

If you have additional problems, please be advised you may have to make additional appointments.

Your signature below signifies your understanding of your insurance coverage and the payment policies of your carrier.

Patient Signature

Date