



David E. Simai M.D.

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DEDUCTIBLE/CO-INSURANCE POLICY

We appreciate that you have entrusted us with the healthcare of your children. As a commitment to our patients and to accommodate their healthcare needs, we participate with the majority of managed care plans.

As you may be aware, the current economic downturn has resulted in employers selecting healthcare insurance policies that have increasingly transferred costs to the employee. In addition to rising co-pays, there are now deductibles, co-insurance charges, and also the loss of some in-network benefits. Some employers have selected policies that limit the number of well visits. Deductibles and co-insurance mean that the patient is now responsible for a portion or percentage of the covered charges.

It is cost prohibitive for us to participate in managed care and have to bill **both** the insurance company and you, the patient, for each visit. In order to continue our participation in managed care and accept your insurance, we are phasing out patient billing. We are requiring patients to leave a valid, open credit card with a signature on file, authorizing Dr. Simai to bill that card for the "patient responsibility" amount. **This is clearly listed on the Explanation of Benefits (EOB) form which is sent to you by the insurer after each office visit.**

Be assured that our billing department will continue to be aggressive in their attempts to collect appropriate payments from your health plan, however, the ultimate financial responsibility for your child's health care rest with you.

Payment, including that for insurance co-pays and for non-covered services, is expected at the time of this visit. For deductibles you are required to keep a valid credit card on file at all times. You will be made aware of the deductible amount to be determined by your insurance company by the E.O.B. (Explanation of benefits). Once we receive the E.O.B. we will automatically charge the credit card on file. For your convenience, we also accept Visa, MasterCard, and American Express credit cards ONLY. Your insurance plan may restrict you to specific diagnostic facilities and/or hospitals. Please become familiar with the provisions of your plan as we do not have access to that information.

Credit Card: Visa _____ MasterCard _____ American Express _____

Card#: _____ Expiration: _____

Name On card: _____ Zip Code: _____