

STEVEN B. WASSERMAN, R.N., D.C.
3772 KATELLA AVE., STE. 100
LOS ALAMITOS, CA 90720
tel (562) 430-4949
fax (562) 430-7544

Out-of-Network, and Non-Participating, and Out of State Policies; Provider Acknowledgement: Blue Cross, United Health Care, CIGNA, ASHP groups, ASN, ACN, OptumHealth, Etc..

Patient's Name: _____ **Date:** _____

I _____, understand that Dr. Wasserman is no longer a participating provider with my insurance company. Therefore, I will be responsible for all services rendered at time of service.

Dr. Wasserman's office may as a courtesy bill my insurance company (if applicable). I am aware that I may or may not receive a reimbursement check in the mail from my insurance company, depending on my insurance company's contract and benefits, for services provided by Dr. Wasserman.

I understand that payment will be due at the time of services rendered.

I understand this is not a guarantee that my insurance will cover the services received by me and that all services may be subject to review by my insurance company. (Please consult your insurance company to verify eligibility and benefits.)

I fully understand and agree with the above terms above.

Patient's Signature

Date

FEES

Initial consultation, exam, adjustment, x-rays, with or without PT: \$175.00

Initial consultation, exam, adjustment, with or without PT: \$100.00

Adjustment and PT: \$55.00

Adjustment with or without hot pack: \$40.00

Patient not seen > 90 days; consultation, re-exam, adjustment, and PT or hot pack: \$75.00

X-rays: \$75.00-\$150.00

Supplies: separate charge per item (PT=electrical stimulation, manual traction, laser, and /or ultrasound)

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Out of Network Provider Policy

Since our office is an “Out of Network Provider” with your insurance company as of January 1, 2016, our office has adopted a policy regarding this change.

1. Our office has billed your insurance company our fee for services that were rendered to you at this office.
2. Because we are out of your network with your insurance company, they may mail you our reimbursement check instead to us. This will only occur if and when your deductible has been satisfied according to your policy.
3. If you receive the check in the mail, please let us know within 10 days.
4. Since most banks do not take checks signed over to another party, the check amount you received in your name can be paid to our office by: cash, check, or credit card.
5. The check you received by your insurance company can then be cashed by you after payment is made to our office.

If there are any further questions, please do not hesitate to call us regarding the above.

Johanna,

Office Manager

09/01/2016