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BILLING PROCEDURES

We welcome you to our practice as either a new patient or returning patient and would like to review or update you on our billing procedures.

1. We ask all patients to provide their insurance card (unless self-pay) and a valid official photo ID at every visit. If you do not provide current proof of insurance, you may be billed as an uninsured patient (i.e. self-pay).
2. Currently, we are participating providers for **Tricare** (Prime and Select Plans), **Medicare Part B** (we do not participate with Medicare Advantage Plans), and the local **CareFirst BlueCross Blue Shield Plans**. We do not participate with any dental insurance plans.
3. If you are covered under any other insurance carrier, you are expected to pay at the time of service. It is your responsibility to verify with your insurance company if a referral, prior authorization, or prior determination is needed. Our staff will help you by submitting claim forms to your insurance company requesting reimbursement. We also offer payment arrangements, ask one of our staff members for more information.
4. If you are covered under **Tricare Prime**, we must receive an authorization prior to your visit. For Tricare Select plans, we will pre-authorize your visit and treatment. There is no co-pay due for Active-Duty Tricare Prime beneficiaries. Retirees or dependents under Tricare Prime or Tricare Select are subject to co-pay charges or co-insurance depending upon your specific plan. Co-pays or co-insurance costs are due at the time of services rendered.
5. **If you are covered under Medicare Part B**, you will have to meet certain Medicare mandated requirements for certain services. All necessary documentation will be requested prior to your visit. You might have to pay a small portion if your secondary insurance does not cover a particular service. Some procedures are not covered under Medicare, and you will need to sign an ABN form and make payments.
6. Coverage for **CareFirst and BlueCross BlueShield** plans vary among each policy. You are responsible for understanding the limitations of your insurance policy including:
 - **Referrals: Check with your plan if a referral or authorization is necessary for office visits or services. (If it is required and you do not have the appropriate referral or authorization, you may be billed as an uninsured patient).**
 - Any co-payment, co-insurance or deductible that may apply.
7. Patients or their legal representative are ultimately responsible for all charges for services provided. As a convenience to you, we accept VISA, MasterCard, AMEX, Discover, checks, and cash.

I have read the above and accept financial responsibility for the services rendered.

Patient/Guardian

Signature Date