Dr. Janine Talty, D.O.
2702 Brambleton Avenue
Roanoke, VA 24015

Authorization of Insurance and Billing Information

Welcome to the office of Dr. Janine Talty. This practice is fee for service. All patients are required to pay for services provided at the time of service.

- Private/PPO insurances –

We will bill insurances and submit forms for you. Insurance will issue you the reimbursement check. It is the patient's responsibility to understand his/her insurance coverage for Non-Contracted Provider. Fee for service is due at time of service. A copy of the patient's insurance card is required, however in the event we need to refer the patient out for additional services.

- HMO-

We are not contracted with any HMO. Fee for service is due at time of service.

- Medicare Patients-

Medicare claims are billed to Medicare as "Non Assigned". This means that Medicare patients pay the full Medicare fee allowed at time of service. We will bill Medicare for the patient and then Medicare will reimburse the patient 80% of what was billed. The remaining 20% will either be paid by the Secondary insurance or the patient will be responsible for the balance. Fee for service is due at time of service.

WE DO NOT ACCEPT ANY WORKERS COMPENSATION CASES UNDER ANY CIRCUMSTANCES.

My signature below indicates that I have read the above statement and understand that I am responsible for all fees at time of service unless otherwise stated.

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Dr Janine Talty and staff may contact me via telephone or mail regarding all appointments, insurance information and clinical case information. I have the right to request restrictions on how my personal health information is used: however this practice is not required to agree. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my previous consent. If I do not sign this consent Janine Talty D.O. may decline to provide treatment.
I understand that my signature acknowledges that I make payment for services and authorizes the release of any of my medical information necessary to ensure payment or referral for outside medical services.

We reserve the right to charge a $75.00 fee for all missed or cancelled follow-up appointments without a 48-hour notice. New patient appointment cancellation without 48-hour notice will result in a $200 fee. I have read and/or explained to me. INTIAL_____

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Sign **Date** **Parent or Legal Guardian**

Updated 10/15/2015