



525 South Drive, Suite 107
Mountain View, CA 94040
Phone: 650-386-0386
Fax: 650-386-0468

NOTICE THAT PREVENTIVE MEDICAL EXAMS MAY RESULT IN OUT-OF-POCKET COSTS

Preventive exams include screening (through history, physical exam and testing) for diseases that you don't already know you have, and for risk factors that you generally can't tell that you have, without testing, such as high cholesterol, blood sugar or blood pressure, that raise the risk of future disease. Preventive exams do not include addressing any other medical symptoms or diseases. Your insurance plan determines whether you pay out of pocket for the preventive exam visit, testing recommended during this visit, such as an ECG or other tests, vaccines, medications recommended during preventive exam, specialist services recommended during preventive exam, or any other medical service related to the preventive exam. Dr. Sims and his staff do not have access to the provisions of your insurance plan. This is your responsibility. We make no assurances regarding whether you will need to pay out of pocket for any such services, and we have no control over whether your insurance company will determine that you should be billed for such services. However, we are required, by law, to comply with the provisions of our contract with your insurance company, which requires us to bill you, for services that your insurance company tells us that you are required to pay out of pocket. **In addition, charges for any services not paid by your insurance company for any reason, including non-covered services, become your responsibility to pay, out of pocket. We will not be able to respond to requests to try to change the determination of your insurance company, other than to correct errors in coding.** That determination is based on your insurance plan. Any such requests would be matters of discussion between you and your insurance company.

In addition, as we are required by law, to comply with American Medical Association standard billing practices, addressing other medical symptoms or diseases during a preventive exam, may, at Dr. Sims discretion, depending on the nature and number of the problems, result in the additional billing of a standard office visit, that may require a co-pay, coinsurance and/or deductible out-of-pocket payment from you. In that case, the co-pay will be collected at the end of the visit. Further coinsurance and deductible out-of-pocket costs may be billed to you later, depending on the determination by your insurance company, regarding your plan coverage for standard office visits.

Please note that time may not allow addressing non-preventive problems at the preventive exam.

Non-preventive problems I would like to address during the preventive exam, potentially at extra cost:

1. _____
2. _____
3. _____
4. _____

Please note that the following services provided today may not be paid for by your insurance company:

_____ Office Visit

_____ ECG

_____ Spirometry

_____ The following vaccines/injections _____

_____ Other Services _____

By signing below, I indicate that I understand that I may need to pay, out-of-pocket, for any services provided, including the visit itself, based on my insurance plan. Furthermore, I understand that I may need to pay, out-of-pocket for such additional medical problems, as described above, that are discussed or treated today.

Printed name

Date of birth

Signature

Date