

A New Life

OB/GYN of Broward

Experience Compassionate Care.

Jane E. Matos-Fraebel, M.D., F.A.C.O.G.

NOTICE TO ALL PATIENTS WITH INSURANCE COVERAGE

	Name:
	happy to file your insurance claim as a courtesy to you! r, the following office policies apply
	You are responsible to pay your specialist co-pay, coinsurance, any past due balances and/or any namet deductible amounts at the time of service should any of these charges apply.
y u	f your insurance requires a referral for services, you are responsible for providing one at the time of your visit. We reserve the right to re-schedule your appointment if your referral is not available to as at the time of your visit. We encourage that you also become familiar with your insurance plan benefits as tenefits may change
d	Your insurance premiums must be paid in full at the time that services are rendered. If we letermine that your premiums have not been paid, we reserve the right to re-schedule your prointment and to require proof of payment at your next visit.
r	You will be responsible for all bills that are not paid by your insurance company and for all bills that equire that we refund your insurance company for non-payment of insurance premiums or for any other reason.
a y	Balances are your responsibility and if your insurance company or plan does not pay after 30 days my amount not covered by your insurance policy will be billed to you and is due immediately after you receive your first invoice from us. For your convenience, payment can be made using the patient portal.
Tha	nk you for trusting us with your health. We look forward to caring for you!
Sign	ature: Witness: