

Bellaire Neurology

6565 West Loop South, Ste .401 Bellaire, TX 77401
713.715.6360 Phone • 713.715.6367 Fax

Medicaid Non-Provider Policy and Authorization Form

At this time Bellaire Neurology and Dr. Loftus do not have a Medicaid number and have not filed for a Medicaid number. Dr. Loftus has never intended to accept patients with Medicaid as their primary insurance but has treated patients who have ***Medicaid as their secondary insurance.***

Because Medicare payments have not kept up with inflation and due to increasing overhead for accepting Medicare, Dr. Loftus became a non-participating provider with Medicare on January 1, 2008. In this situation Medicaid will not pay the difference between billed charges and the Medicare reimbursement. Therefore, at the present time, Dr. Loftus does not anticipate ever receiving a Medicaid number.

Patients with Medicaid as their secondary can see Dr. Loftus but they will have to ***pay the portion of the bill that Medicare or their other primary insurance does not pay.*** Patient's who have Medicare as their primary can expect to pay approximately \$60 for the most common new office visit and approximately \$30 for the most common follow-up visit.

Patients with commercial insurance will need to pay their copay, coinsurance and/or deductible. This amount will vary according to their plan. We verify benefits before your appointment and determine the amount you will be responsible for. Once we have billed your primary insurance we receive an EOB that states your financial responsibility.

If you would like to make an appointment to see Dr. Loftus please fill out the information below and return this form to our office.

(Initial) **I understand that I will be charged the portion of my visit that Medicare or my commercial insurance does not reimburse going forward. I will be required to pay this at the time of my office visit. Procedures such as botox injections, lumbar punctures, etc., cost more. I understand and agree to these charges.**

PATIENT NAME

NAME OF PATIENT REPRESENTATIVE (IF APPLICABLE)

SIGNATURE OF PATIENT OR PATIENT REPRESENTATIVE

DATE