

ATTENTION ALL MEDICARE PATIENTS!!

WE ARE A MEDICARE PREFERRED PROVIDER. THEY WILL PAY US 80% OF WHAT THEY APPROVE FOR SERVICES.

IF YOU HAVE A SECONDARY INSURANCE, PLEASE MAKE SURE YOU GIVE THIS INFORMATION TO US SO WE CAN BILL THEM. THIS IS NOT A GUARANTEE THAT THEY WILL COVER SERVICES PROVIDED.

IF YOU HAVE AN AHCCCS PLAN FOR SECONDARY COVERAGE, OR NO SECONDARY COVERAGE, YOU NEED TO KNOW THAT THE 20% AFTER MEDICARE PAYS WILL BE YOUR RESPONSIBILITY TO PAY.

I UNDERSTAND THAT I WILL OWE 20% AFTER MEDICARE PAYS YOUR OFFICE.

---

SIGNATURE

---

DATE