Medical Billing
Policies and Procedures

IT IS YOUR RESPONSIBILTY TO BE FAMILIAR WITH YOUR INSURANCE POLICY

Please make certain that you know what medical benefits are covered under your medical insurance policy. Please be familiar with your deductibles, co-payments, and percentages of coverage. ***(Please note: The information you may received from your insurance company is NOT a guarantee of payment, but will be based on eligibility and contract benefits at the time services are rendered. All claims are subject to review.)***

While Cornerstone Wellness & Medical Massage Group is pleased to submit claims to your insurance company on your behalf, payments for services provided are your responsibility.

Some policies do not cover the entire amount of services. Your individual policy will determine the allowable reimbursement amount. If the insurance reimbursement does not cover the charges, or coverage is denied, the remaining amount is your responsibility.

If you would like us to submit claims please complete the following information:

☐ Auto Accident ☐ Worker's Comp Injury ☐ Other

Insurance Company Name_____ Policy #_____

Address_____ Claim #_____

Insured's Name_____ Relation to Patient_____

Date of Accident or Injury_____

Attorney's Name_____ Phone_____

Address_____

Contact_____

I UNDERSTAND THAT MY INSURANCE POLICY IS A CONTRACT BETWEEN PATIENT AND INSURANCE COMPANY. MEDICAL MASSAGE CENTER, INC IS NOT A PARTY TO THAT CONTRACT.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES THAT HAVE BEEN INCURRED FOR SERVICES RENDERED ON MY BEHALF. ANY AMOUNT REMAINING AFTER INSURANCE REIMBURSEMENT IS MADE ARE ALSO MY RESPONSIBILITY.

I authorize the release of any medical or other information concerning my present illness or injury necessary to process this claim.

Signature_____ Date_____

I authorize payment of medical benefits to Medical Massage Center, Inc. I understand that I am responsible for the payment of these medical services in the event of non-payment by any third party payer.

Signature_____ Date_____