

Dear Valued Patient,

We thank you for choosing Utah Vein Specialists for your medical care; we look forward to building a relationship with you throughout your treatment. As part of our service to you, we will be providing an imaging study on your legs at the time of your new patient visit. This ultrasound is required in order for Dr. Jensen to properly diagnose your potential venous disease. This is important for you to know as we will be billing your health insurance for the new patient consultation in addition to the ultrasound on your legs.

It is important that the information you provide to us on your initial visit be correct and current to facilitate our efforts. This information includes your full legal name, address, date of birth, policy/ID number, phone number of the subscriber, as well as address and telephone number of the insurance carrier. This information should be on your insurance card, a copy of which we will obtain upon your initial visit.

Insurance policies vary from company to company and from patient to patient. Because it is your insurance policy, you are ultimately responsible for knowing and executing its particular requirements. We strongly suggest that you contact your insurance company to confirm that our physician(s) participate with your plan and to better understand how your benefits will apply to this visit. This information may include:

- Your policy's effective date
- Your coinsurance (e.g., 70-30%, 80-20%, 100%)
- Your deductible amount
- Your maximum out-of-pocket amount
- The need for pre-certification or authorization
- Specialist co-payment requirements

No insurance company guarantees payment. We will do everything we can to assist you in obtaining the maximum benefit according to your insurance plan; however, your insurance policy is a contract between you and your insurance carrier. You are ultimately responsible for the payment of your bill.

After your treatment plan is communicated to you by Dr. Jensen, our staff will contact your insurance to verify specific benefits for the procedures that you may need in addition to obtaining necessary prior authorization(s). We will contact you with a cost estimate of the procedures and authorization details prior to any procedure scheduling. We thank you for your compliance and understanding and are happy to answer any questions or concerns.

**Acknowledgement:**

*I understand that this is a specialist consultation visit and **NOT** a free screening. My insurance will be billed for this visit. An ultrasound study will be performed and I am responsible for my co-pay, coinsurance and deductible payments that may apply.*

**Patient or Legal Representative Signature:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

Utah Vein Specialists

**Date:** \_\_\_\_\_