



PREAUTHORIZATION OR PRECERTIFICATION

Insurance coverage requirements vary widely. For instance, many insurance companies require an approach called “Preauthorization” or “Precertification” before your provider performs certain tests or procedures. It is important to understand these requirements. Please contact your insurance company if you have questions about this. Preauthorization is necessary for all vein procedures. Appropriate paperwork will be submitted as a courtesy, however, we are not responsible for the final determination. Also note that if an authorization is approved, it does not guarantee that benefits will be paid. Insurance companies always reserve the right to render a final determination after the claim is received. It is the patient’s responsibility to make certain all financial aspects of the healthcare are met. In this regard, we will do our best to ensure our billing practices are clearly stated and fees for our services are clearly understood.

FILING INSURANCE CLAIMS

As a courtesy to our patients, our office will file insurance claims on your behalf. To avoid delays or denials to your claim, please make sure our office has your correct billing information on file. If your insurance changes, please notify us as soon as possible so we can make the appropriate changes and optimize your benefits. Your insurance policy is a contract between you and your insurance carrier. If your insurance company does not pay your claim within 90 days, we will transfer liability of the claim to you.