ALFA MEDICAL CLINIC 2540 W. ARROWOOD RD STE 110 CHARLOTTE, NC 28273 (704) 588-9997 (704) 588-9499 (FAX)

Date:	<b>Pre-Existing Conditions</b>
	Please Read completely and sign

We want to thank you for choosing ALFA Medical Clinic, PA for all your medical needs and care. We are contracted with most major insurance carriers and as a courtesy to our patients we will bill your medical claims for you. At the time of your visit you will be required to pay any copay/co-insurance to be incurred for the current visit. As another courtesy Alfa Medical will confirm that you have active insurance coverage, including any deductible and coinsurance amounts and if you may have a Pre-Existing clause on your policy, when it began and what date it will end. Your health plan mandates that you are financially responsible for payment of all copays, deductibles, and all non-covered services. ALFA Medical is contractually obliged to collect them. Please do not request that we adjust these from your account.

When Alfa Medical confirms your coverage this does not mean we will know details of your policy. We would not know if a particular procedure or diagnosis is Pre-Existing or not. The patient must familiarize themselves with their insurance benefits. This information will be found in your insurance packet, handbook or other mailings or by calling your insurance's customer service department. It is not ALFA Medical Clinic responsibility to know the details to your coverage.

If your claim is partially or completely denied for **Pre-existing**, the patient will be required to pay for the visit or procedure in full. If you do receive a denial for a Pre-existing, as a courtesy ALFA Medical will reduce your charges to reflect our self pay rates but you must contact the billing department to set up this arrangement. The balance total must be paid with in 60 days. If no contact is made and payment is not made with in 60 days of the denial the total amount will be sent to collections. Please do not call us to change codes as this is considered fraud and will in no way be done.

**Definition of Pre-existing:** If you get your insurance coverage through your job, federal law governing pre-existing conditions applies. Your insurer will be permitted to "look-back" to see if you received any medical attention or diagnosis during the six-month period immediately preceding your enrollment. The insurer will use this information to determine what medical conditions you already had when you enrolled. So if you received medical care for a particular condition more than six months prior to enrollment, then that condition is not pre-existing under federal law.

If you have an individual health insurance policy, federal law will not apply, so insurers may be permitted to "look-back" at your claims history for the past year, eighteen months or even longer when determining if you have any pre-existing health conditions. Rules governing pre-existing conditions and "look-back" periods for individual policies vary by state.

If you do not agree with the denial from your insurance company you must call your insurance company or your Human Resources department to correct the denial or come to an agreement. Please do not call our Billing Department as we can not over turn these decisions. If after speaking with your insurance company and they need additional information from us we will be happy to provide them with any documentation they require.

Signing this agreement means I understand and agree:	
Patient/Guardian signature:	