



Robert J. Bos, M.D. *internal medicine*

Dear Valued Patient,

In a continued effort to educate our patients about their insurance, we are writing to review your current plan.

As you know, Midtown Integrative Health & Wellness is an out-of-network facility and as such some insurance carriers do not allow our office to be paid directly for the services you receive here from out-of-network providers.

Rather than making you pay us up front for your office visit and wait for a reimbursement from your carrier, we have decided to do the waiting for you! When you receive checks from your insurance company, please promptly bring in or mail the endorsed check to us with any attached paperwork, including an Explanation of Benefits.

As an office policy we will be taking an imprint of you credit card and will process the payments for services only if payments are not received within eight (8) weeks from the office visit.

If you have any questions, please feel free to contact Stacey Polbos, Billing Manager at (212) 752-6770 or spolbos@mihaw.com.

Thank you!

Patient Print Name

Signature

Date

Name: _____

Credit Card Type: Visa MC Discover American Express Other

Credit Card #: _____ Exp Date: _____