



Albuquerque Vein & Laser Institute Patient Financial Information

Patient Financial Information

Billing Information:

Patients treated in this practice are responsible for the fees associated with their tests, treatments and office visits. Patients seek medical attention for a variety of venous conditions and problems. Medicare and health insurance plans consider some conditions and treatments to be 'medically necessary' and others to be 'cosmetic' or 'elective'.

Cosmetic or elective procedures are usually not covered by insurance plans. Fees for initial office visits and cosmetic services must be paid at the time service is provided. Fees for office consultations may vary, depending on the complexity of the consultation required.

Medically necessary procedures are often covered in part by insurance plans. Albuquerque Vein & Laser Institute bills insurance for medically necessary procedures performed on patients covered by Medicare, Presbyterian HealthCare, United HealthCare, Evercare, Blue Cross/Blue Shield, and Medicaid plans. Patients covered by other insurance plans must pay at time of service and will be provided the information needed to submit their claim directly to their insurance carrier.

Payment for Services

All patients except those insured through Medicare, Presbyterian HealthCare, United Healthcare, Evercare, Blue Cross/Blue Shield, Amerigroup, Aetna, Tricare, Lovelace Health Plan and Medicaid plans are responsible for the direct full payment of our professional. If you have another form of medical insurance, you will be furnished with an itemized statement for professional services rendered for the operative or interventional procedure, and you may submit the charges to your insurance company for reimbursement.

Payment of professional fees for elective procedures is due at the time of the procedure.

Patients are encouraged to consult their insurance company to determine or confirm specific coverage.

My signature below confirms: I have received a copy and understand Albuquerque Vein & Laser Institute patient financial information.

I understand that it is my responsibility to know what the terms of my insurance coverage are, and in compliance with those terms, agree to pay all applicable co-pays and outstanding patient balances as described in the provided document.

Patient/Guarantor Signature

Today's date