



CO-INSURANCE NOTICE TO MEDICARE PATIENTS

Dear Medicare Patient:

We would like to take this opportunity to inform you that this physician practice is a provider-based clinic. This provides increased continuity of care and improved reimbursements, thus allowing Florida Hospital Memorial Medical Center to continue to provide quality medical care and services.

Your visits to this office are billed by a Central Billing Office (CBO), which is a service of Florida Hospital Memorial Medical Center. You will be registered in this office as an outpatient of Florida Hospital Memorial Medical Center. Any services you receive will still be billed by Florida Hospital Memorial Medical Center to Medicare and any secondary insurance companies. If you have any questions regarding your service provided at this office, please call 386-671-4500 to speak to a Billing Representative.

In accordance with Medicare’s laws and regulations, you will incur a co-insurance liability to Florida Hospital Memorial Medical Center that you would not have incurred if this office were not provider-based. Your actual co-insurance liability will depend upon the actual services furnished by this office. For example, co-insurance balances for an average follow up visit for an established patient (99213) would be approximately \$13.02 for the hospital charge and \$ 8.97 for the physician charge.

After the hospital and physician have been reimbursed by Medicare, co-insurance balances will be billed to secondary insurers. If co-insurance is still owed to Florida Hospital Memorial Medical Center and/or physician, you will be billed. If you have no secondary insurance you will be required to pay your portion at time of service. You may request an estimate of this amount of co-insurance liability by contacting your physician’s office.

As required by policy, for this physician’s office, you will be required to read and sign this letter at every visit.

I have read and understand that I will incur a liability to Florida Hospital Memorial Medical Center for Medicare coinsurance as permitted by law.

Signature of Patient or Authorized Representative Date
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