

Bloomington Pediatric Associates

Infants • Children • Adolescents

4316 Bell Shoals Road • Valrico, FL 33594
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To Bloomington Pediatric Associates Patients:

In October 1987, the U.S. Government implemented Section 9332© of the Omnibus Budget Reconciliation Act of 1986. This law requires physicians to inform patients when a service might be denied for reimbursement according to Medicare / Medicaid guidelines. These guidelines are being followed by all health insurance.

Your physician recommends only those tests or procedures which he or she feels are an important part of your medical evaluation. Even though your physician feels all tests ordered are medically indicated, your health insurance may not pay for some these tests, stating they are “not medically necessary.” You will be presented with a statement to read and sign indicating that you are aware of this possibility and that you agree to pay for all charges in full, regardless of Medicare/Medicaid or your health insurance interpretation.

Bloomington Pediatric Associates is dedicated to providing the highest quality health care at a reasonable price. It is Bloomington Pediatric Associates policy to provide only those services which are appropriate to evaluate and treat your medical condition. This philosophy has helped make Bloomington Pediatric Associates a cost effective health care provider.

Please sign below:

I have read the enclosed information. Bloomington Pediatric Associates has my permission to bill my insurance carrier and I agree to become liable for those tests, procedures and/or office visits in the event that they might not be covered by my insurance company. Example(s), but not limited to are: incorrect primary care provider (PCP), no insurance at time of service, insurance lapses, etc. Also, I authorize Bloomington Pediatric Associates to release information to my insurance company, upon receipt of written request for same.

To the best of my knowledge, all information provided to Bloomington Pediatric Associates, including insurance information, is current and accurate.

We regret any inconvenience caused by this legislation. The staff of Bloomington Pediatric Associates appreciates your understanding and cooperation.

Thank You!

Account	Patient Name	Date	Parent/Guardian Signature