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OUR PAYMENT POLICY

We are committed to providing you with the best possible medical care. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. ***We must work together*** in order for you to receive your maximum benefits, and for us to be reimbursed fairly for our services.

Please present your insurance card to the receptionist at every visit. ***If you cannot provide proof of insurance you will be expected to pay at the time of service.*** If you have Medicaid it is imperative that we receive a copy of your card for that specific month. We will require a photo copy for your patient chart so that we can refer to information needed to verify coverage and benefit information needed to process your claims. As a patient in our office, you should know that:

1. It is your responsibility to find out if we are a participating physician with your insurance plan.
2. If your insurance plan requires that we use specific ancillary facilities, it is your responsibility to bring this to the attention of the office staff.
3. If you have a co-payment, you will be expected to pay that amount at the time services are provided.
4. ***If you do not have an authorized referral from your primary care physician for the services we are about to provide, we will ask you to reschedule your appointment until such time that a referral authorization may be obtained, or pay at the time of service.*** However, in the event of an emergency, treatment will be rendered with notification to your insurance company.
5. Not all services are a covered benefit. Specific questions should be directed to your insurance company.

I HAVE READ & UNDERSTAND THE ABOVE PAYMENT & BILLING POLICY.

Patient / Guarantor Signature

Date