



Ivette Valle, M.D.
1435 W. 49th Place, Suite 400A
Hialeah, FL 33012

Tel: (305) 818-5637
Fax: (305) 818-5639

Financial Policy

Patients without Insurance:

You are responsible for full payment of all services provided at the time of the visit.

Do I need to provide my Social Security number if I do not have health insurance?

No.

Participating Insurance Plans:

Aetna, Amerigroup, BC/BS, Cigna, Medicaid, Medicare, Neighborhood Health Plan, Prestige, United Healthcare, and Wellcare.

All co-pays and deductibles are due at the time of service.

Why do you need my complete Social Security number if I have health insurance?

Three reasons: Lab tests are identified by your social security number not by your card ID number. It is a secondary way to find your information when dealing with Insurance companies. And if your insurance gets cancelled it is our only way to seek compensation.

If you are unable or unwilling to provide this information, we can still see you as a cash-only patient.

Responsibility for Payment

If your insurance gets cancelled for any reason, you are responsible for payment in full for all services provided. You will be contacted by phone to arrange payment on any outstanding balance. If payment is not made, you will be sent a bill for your charges. If payment of the bill is not received, your balance will be sent to a collection agency. This may affect your credit rating. Failure to pay your balance within 30 days of written notice will also result in your termination from the practice.

Authorization to Pay Benefits to Physician:

By signing this form, you agree to assign payment from your insurance directly to **Ivette Valle, MD** for medical benefits provided. Please be aware that some, and perhaps all, of the services provided may be non-covered services that are not considered reasonable and necessary by your insurance carrier. You are financially responsible for all charges not covered by your insurance.

I have read and understand the above acknowledgments and consents, and agree to all provisions outlined herein.

Signature

Date

Print Name

Social Security Number

E-mail: ivettevallemd@att.net