



Bend Osteopathic Care, PC  
 147 SW Shevlin Hixon Dr Ste 204, Bend, OR 97702  
 O: 541.706.9985 F: 541.408.9853

## Health Insurance Benefits/Coverage/Authorizations

### DISCLAIMER

As a courtesy, Bend Osteopathic Care will attempt to verify your health insurance benefits, and or necessary authorizations for you. Please be aware, this is only “A **Quote** of Benefits/Authorizations.” **We cannot guarantee payment or verify that definite eligibility of benefits conveyed to us or to you by your carrier will be accurate or complete. Payment of benefits are subject to all terms, conditions, limitations, and exclusions of the member’s contract at the time of service.**

Your health insurance company will only pay for services that it determines to be “reasonable and necessary.” Our office will make every effort to bill your insurance company in a timely manner. If your carrier determines that a particular service is not reasonable and necessary, or that a particular service is not covered under the plan, your insurer will deny payment for that service and it will become your responsibility. For example; it is possible that a plan may cover the office visit portion of the appointment but not the manipulation.

**We strongly recommend, request, and encourage you to be familiar with, and verify your benefits with your insurance company prior to being seen. Please be aware, that even then, it is still not a guarantee of benefits or payment.** Dr. Kyle Homertgen is a board certified Osteopathic Specialist, benefits quoted will fall under a “Specialist Office Visit”. **The “Osteopathic Manipulation Treatment” may fall under a separate benefit, depending on your specific coverage.** The typical code we bill for an initial office visit is: 99204. The typical code we bill for the manipulation is: 98928. These codes may vary but tend to be the most common. These codes may be helpful to mention when asking for your benefit coverage.

I understand that Bend Osteopathic Care will bill my insurance company. I understand that all Co-payment amounts are due on the day of service. I understand that I am responsible for all deductible amounts and co-insurance amounts that apply and that Bend Osteopathic Care will bill me for these once my claim has been processed through my insurance carrier. I understand it is my financial responsibility to pay the balance due. If my insurance company denies payment, I agree to be personally and fully responsible for the balance due.

\_\_\_\_\_ Patient Initials

I understand that if my insurance company requires a referral or pre-authorization for my visit, it is my responsibility to obtain this referral from my primary care doctor prior to my appointment. If my insurance plan has maximum benefits or limitations on the number of visits allowed, I understand it is my responsibility to keep track of the number of visits permitted and the number of visits I have used.

\_\_\_\_\_ Patient Initials

Patient Name Printed: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_