

Anne M. Nickodem, M.D., F.A.C.S.
Aesthetic, Breast and Reconstructive Surgery

NOTICE OF FINANCIAL RESPONSIBILITY

Dr. Nickodem currently participates with the following insurance companies: Aetna, Anthem, Cigna, Mamsi, Tricare and United Healthcare. We will file claims for these policy holders for procedures that are deemed medically necessary. We will be happy to aid you in filing your claim with any other carriers not listed above by providing you with supporting documentation. All copays and fees are due at the time of service.

The patient is responsible for their insurance contract and understanding their covered services. Please check with your customer support center regarding your covered benefits. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the insurance industry standards.

The patient will be responsible for all fees not covered or deemed not medically necessary by the participating insurance carriers.

I, the undersigned patient (or guardian), hereby authorize Dr. Anne M. Nickodem to release any and all information necessary for processing my claim.

I authorize payment directly to Dr. Anne M. Nickodem by my insurance company

_____.

I have read and understand the above information. I agree to be financially responsible for all fees related to non medically necessary and/or cosmetic services.

Patient (Guardian) Printed Name

Patient (Guardian) Signature

Date: _____

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