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There are over 1,000 insurance companies in America and over 1,000 different insurance plans. These companies, plans, and medical groups are making changes all the time. It is therefore almost impossible for our staff to know the covered benefits of each and every patient.

We will make every effort to determine eligibility, covered benefits, and authorization requirements before seeing a patient or ordering a particular test or procedure. It is, however, ultimately the *patient's responsibility to know and understand policies and benefits of their insurance coverage.*

- ❖ Referral requirements
- ❖ Co-pay amounts
- ❖ Covered services (lab, x-ray, therapy)
- ❖ Prior authorization procedures and requirements
- ❖ Current claims address
- ❖ Network vs. Out-of-Network services or providers

Please keep our staff updated with any changes of address, phone, and/or insurance information.

If we are unable to verify a particular requirement of your insurance carrier, plan, or medical group, we will ask you to sign an "Informed Consent" notice before you see the doctor or have surgery. This document allows us to bill for any charges that your insurance company will not cover.

Thank You