

We routinely submit requests for pre-determination of benefits from your insurance carrier to maximize your benefits and allow you to estimate your insurance coverage. Dr. Kuefner participates with BlueCross/BlueShield PPO, Cigna PPO, Medicare, most Union Plans, BlueCross FEHP, Cigna FEHP, CPS, City of Chicago Plans and most Municipal Plans. Dr. Kuefner does not participate with Medicaid, HMO plans or United Healthcare Plans.

_____ I am seeking coverage for cosmetic purposes. I am here for a complimentary cosmetic consultation. **Please sign and date.**

_____ I do not have health insurance or belong to an insurance plan that Dr. Kuefner does not participate with. I will pay the office directly for my medical evaluation and treatment. **Please sign and date.**

Name Print _____ Date ____/____/____

Name Sign _____ Date ____/____/____

Please give 48 hours notice for cancellation of appointments.

_____ I am seeking evaluation and treatment for medical purposes and have a health insurance plan Dr. Kuefner participates with. **Please sign and date below.**

I authorize assignment of insurance benefits directly to Dr. Kuefner for services rendered. I understand that I am responsible for any charges incurred that are not covered by my insurance for any reason. I agree to pay any balances within 30 days of receipt of my bill. I will cooperate with the office or billing service for any unforeseen issues regarding my insurance. We accept cash, checks and major credit cards for payment.

Name Print _____ Date ____/____/____

Name Sign _____ Date ____/____/____