

Travel Medicine

St. Peter Family Medicine
525 Lilly Road NE Olympia, WA 98506
(360) 493-7230 fax (360) 493-4180

Disclosure of Non-Covered Medical Services/Advance Beneficiary Notice

Patient _____ Date of Birth _____

Commercial Insurances

Insurance plans pay for services which they determine to be medically reasonable and necessary for the diagnosis and treatment of an injury or illness. In most cases, your insurance carrier will not pay for travel medicine services. If you would like your insurance to be billed, you may send a copy of your fee slip to your carrier so that they may reimburse you directly.

Medicare

Medicare will only pay for services that it determines to be reasonable and necessary under Section 1862 (a) (1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under Medicare program standards, Medicare will deny payment for the service. In your case,

Medicare will deny payment for vaccinations, vaccine administrations and consultations relating to travel medicine because they are non-covered services.

We will not bill Medicare, as these are non-covered services.

All consultation, vaccine, and vaccine administration costs are the responsibility of the patient. Payment is required at the time of service. A list of prices is available upon request. Agreeing to these conditions is required to receive travel medicine services from St. Peter Family Medicine.

I have read and understand the above statements. I agree to be personally and fully responsible for payment and will abide by the conditions explained above.

Patient signature

Date

Clinic representative

Date