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William G. Broderick, M.D.
Meri Le Schrader, M.D.
James J. DePiore, M.D.
Katherine M. Brady, M.D.

Date

**Printed Name** 

Renuka Jain, M.D Remi Lawrence-Hylton, M.D Kathleen M. Driscoll, M.D. Jaime M. Grubert, M.D. Leah M. Welty, M.D. Pamela B. Lachniet, M.D.

**Commercial Insurance Carrier** 

Date

7400 Jager Court Cincinnati, Ohio 45230-4380 (513) 232-8100 Fax (513) 624-3191

**Patient Name** 

Signature

1126 Ohio Pike Amelia, Ohio 45102-9306 (513) 232-8100 Fax (513) 624-3191

## Advance Beneficiary Notice

ur visit to our office.	use your insurance company may not pa	y for all of the services that you receive
<ul> <li>Read this notice, so you ca</li> <li>Ask Questions</li> </ul>	nn make an informed decision about you	ur care
Supplies and Services	Reason Insurance May Not Pay	Estimated Cost
Parent group therapy	Some insurance companies do not cover or exclude these codes	The charge will be \$100 per session or \$800 for the full group therapy course
completely responsible for passigning this notice, you agree to	eive these services. If my commercial insusible for payment in full. I understand for nonpayment by my insurance carrier not to receive these services. Ecide to request these services in the full yment in full. To take financial responsibility for the coseny coverage for the listed items.	that I can appeal this decision with my  ture, I understand I will be charged and