

What You Should Know About Billing and Insurance Claims

General Billing Information

Dr. Munschauer's billing is handled by A. Magdylan Organization (AMO). Please feel free to contact them for all billing-related questions. Also, please mail insurance claim forms and payments to:

A. Magdylan Organization
171 Somerton Avenue
Kenmore, New York 14217

You may reach AMO by email at a.magdylan.org@gmail.com (this is the best way of communicating). *It is important that you use Dr. Munschauer's name in the subject line.* Alternatively, you may call the answering service at 879-0778 and ask to speak with Dr. Munschauer's billing department. AMO will make every effort to return your call within 12 to 48 hours, weekends excluded.

Payment in full is due no later than ten days after you receive your statement. Statements are prepared during the third week following the close of each month. This allows sufficient time for all cash receipts and payments from the previous month to be deposited before late fees of 1.5% are calculated. (Insurance claims are submitted the following week)

Your statements will show your visit dates, any payments deposited prior to the closing date, your ending balance, diagnosis and procedure codes, and Dr. Munschauer's NPI number. Most commercial insurance companies will accept copies of these statements as claims, but a few require you to fill out their forms and submit those along with copies of the statements. Since each insurance company is different, you should check with yours to find out their own particular requirements for reimbursement.

Payment

Dr. Munschauer offers four options for payment: a check at the time of service, a check upon receipt of statement, a credit card charge posted on our monthly closing date, and cash at the time of service. Please indicate your preferred method of payment on the attached sheet.

Paying by Check

This is the preferred method. Paying at the close of each session ensures that you will never be charged a late fee, but if paying monthly, be sure to submit payment within ten days of receipt of your statement. Make checks payable to Carol A. Munschauer, Ph.D.

Paying by Credit Card

If you opt to pay by credit card we will automatically bill your card monthly and you will never be charged a late fee providing you do not let your card exceed its limit and that you have given us a current card number and expiration date. Whenever your account number and/or expiration date changes, you must promptly send the new information to AMO at the address above, otherwise the charge will be declined and we must charge you a late fee.

Paying by Cash

If paying by cash it is very important that you receive a receipt from Dr. Munschauer before you leave the office and that you file it in a safe place. *Since there will be no traceable cancelled check or credit card charge, this receipt will be your only proof of payment.*

Understanding Insurance Reimbursement

Each insurance company, and each policy within each insurance company, has its own formula for calculating reimbursements, but generally speaking, they will pay you a certain percentage (which varies company to company and policy to policy) of their “base rate,” which also varies.

Additionally, some have a “deductible” that you are responsible to pay out-of-pocket before they begin reimbursing you and/or a “co-pay” amount which will be deducted from your reimbursements. Your company may also require a “pre-authorization” before they will cover your visits and/or they may limit the allowed number of yearly visits for which they will reimburse you.

We encourage you to call your insurance company and discuss the terms of your policy in advance of your first visit. Ask them for some idea of what your reimbursement will be, whether or not you can forward copies of your statements as claims, whether you need an accompanying form (have them send you copies), whether you need pre-authorization, and whether or not your number of reimbursable visits is limited.

Please be aware that Dr. Munschauer does not participate in Medicare. If you are 65 or older this may have some bearing on whether or not you can obtain reimbursement, and you should contact your insurance carrier to discuss this.

Dr. Munschauer's Policy

Insurance companies require providers to fill out claim forms rather than allowing them to submit copies of statements as they do for members, and since filling out the various and often highly-detailed forms is time-consuming, doctors' fees include a charge for that time. However, for reasons of confidentiality Dr. Munschauer does not participate in insurance plans so her fee does not include these charges. Instead, she offers patients the options of submitting their own claims or having AMO submit them for an additional fee of \$5 to \$15, depending upon the amount of time the claim takes. Please indicate your own preference on the attached page.

Please indicate your payment and insurance preferences below and return this form to:

A. Magdylan Organization
171 Somerton Avenue
Kenmore, New York 14217

If you have any questions we will be happy to answer them. Please contact Aeyna at 879-0778 or email her at a.magdylan.org@gmail.com.

My First Name _____ My Last Name _____

Insurance:

____ I will submit my own claims to my insurance company.

____ I prefer to provide AMO with my insurance company's claim forms and pay a processing fee.

My Insurance Information:

Name of Insurance Company: _____

Their Complete Address:

My Policy Number: _____

My Group Number: _____

Name of Policy Holder (usually husband or wife if not self):

Policy Holder's Date of Birth: _____

My Complete Address:

My Date of Birth: _____ My Marital Status: _____

My Employment Status: _____ My Sex: _____

My Home Phone Number: _____ Cell Phone Number: _____

Payment Method:

___ I will pay by check at the end of each session.

___ I will pay by check within ten days of receipt of my statement.

___ I prefer to have my credit card billed at the close of each billing cycle and will be responsible for providing AMO with current information.

My credit card number is _____

The expiration date is _____

The last three digits on the back of my card are _____.

___ I prefer to pay by cash at each session and will mail a copy of my receipt to AMO prior to the close of each billing cycle.