



**San Jose Pacific Neurology Center  
Professional Corporation**

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**INSURANCE POLICY**

Effective as of 01/01/2010

As a new or existing patient of Dr. Gupta and Dr. Shah at San Jose Pacific Neurology, I hereby take responsibility of payment **IF** any or all of my accounts are denied from my insurance carrier(s) for the following rejection reasons:

- Pre-existing procedure(s)/diagnosis
- Non covered procedures/diagnosis
- Insurance not being effective on the date of service
- Not revealing or updating staff of any alternative insurance(s) that I have
- The remaining or "patient portion" balance of my bill (co-insurance/copayment/deductible)
- Unverifiable/incorrect/outdated ID or information regarding my insurance policy

**\*\*IF YOU HAVE TWO INSURANCE CARRIERS, PLEASE INFORM THE STAFF TO AVOID ANY BILLING COMPLICATION\*\***

Severely overdue payment(s) past 3 months will be sent to a collection agency. The staff at SJPNC will process all claims as precise and efficient as possible in benefit to all patients. Thank you for your cooperation.

PATIENT'S NAME \_\_\_\_\_

PATIENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_