

Adult and Pediatric Allergy of Northern Virginia

Insurance Participation Form

AT THIS TIME BELOW IS A LIST OF INSURANCE COMPANIES THAT WE PARTICIPATE WITH:

AETNA CHOICE POS II	AETNA HEALTHFUND
AETNA OPEN ACCESS ELECT CHOICE EPO	AETNA OPEN ACCESS MANAGED CHOICE POS
AETNA OPEN CHOICE PPO	AETNA TRADITIONAL CHOICE INDEMNITY
ALLIANCE PPO	ANTHEM BC/BS PPO
ANTHEM BC/BS FEDERAL EMPLOYEE PROGRAM PPO	ANTHEM BC/BS TRIGON PPO
CCN PPO	CIGNA PPO
FIRST HEALTH PPO	GEHA PPO
GREAT WEST PPO	HUMANA PPO
MAMSI HEALTH AND LIFE PPO	MULTIPLAN PPO
NCPPO	ONE HEALTH PPO
PHCS PPO	PRINCIPAL PPO
UNITED HEALTHCARE PPO	UNITED HEALTH CARE SELECT AND SELECT PLUS (POS AND EPO)
UNICARE PPO	

THE FOLLOWING IS A LIST OF HMOs OR MANAGED CARE COMPANIES WITH WHICH WE PARTICIPATE:

AETNA ELECT CHOICE EPO
AETNA MANAGED CHOICE POS
BC/BS CAPITAL CARE OR BLUE CHOICE HMO
CIGNA HMO
HEALTHKEEPERS HMO
ANTHEM TRIGON HMO
UNITED HEALTHCARE CHOICE AND CHOICE PLUS HMO

If you are a member of one of the above HMO plans it is your responsibility to have an up to date and accurate referral at the time of your appointment. If you have not obtained a referral, it is expired, or did not bring it with you; you will be responsible for all charges.

We do not guarantee participation, benefits, or coverage with insurance companies. It is the patient's/parent's responsibility to confirm our participation and benefits with their insurance company.

As stated when you made your appointment, "we suggest that you call the phone number on the back of your insurance card to confirm our participation and your benefits prior to your appointment."

If you participate with an insurance company not listed above we will file your claim as a courtesy. You will be responsible for all charges. If your claim is not processed within 30 days you will be responsible to follow up with your insurance company and pay your bill in full.

SIGNATURE

DATE

Print and sign this document. Bring it with you to your appointment or fax it to our office at (703) 478-6612.

PRINT