

M.E.D.I.C., Inc.
124 Amherst Street
Winchester, Virginia 22601
(540) 662-9250 Voice / (540) 662-6334 Fax

Dear Patient,

As you may know, M.E.D.I.C., Inc., is responsible for billing insurance companies and patients, on behalf of your physician, Jefferson Primary Care, P.L.L.C. In order for us to perform this function it is necessary that we receive accurate third-party payor (i.e., insurance, Medicare, etc...) information — including a readable copy of both sides of your insurance card(s) — at the time of your visit, or as soon as possible thereafter. Despite the fact that this information was requested of you at the time of your initial visit, it was not received, resulting in our inability to file claims for services rendered to you to the appropriate third-party payor. Unfortunately, this delay in receipt of accurate insurance information could hinder any efforts to obtain payment for the services rendered to you, for third-party payors have instituted filing rules and deadlines, which, if not met, could result in denial of payment of claims.

Recently, we have either spoken to you and/or received your third-party payor information, and thus are finally able to process claims for services rendered to you in the following date(s):_____. However, because of this delay in receipt of information, it is possible that those claims will be denied for untimely filing. By signing this document and returning it to M.E.D.I.C., Inc., you are agreeing that if, despite M.E.D.I.C., Inc.'s efforts to obtain payment from your insurance company, your insurance company denies the claim for lateness, you will be responsible for payment of the full amount of the bill for medical services rendered.

If you have any questions concerning this agreement, please do not hesitate to contact us at (540) 662-9250 or (800) 276-4701 Monday through Friday between the hours of 9:00 a.m. and 5:00 p.m.

Sincerely,

The Staffs of M.E.D.I.C., Inc. & Jefferson Primary Care, P.L.L.C.

Please sign one copy and return it in the enclosed envelope; this will indicate your consent and understanding to the terms of this agreement. Please note that your claims will not be processed until we have received your signed agreement.

Patient Signature

Date

M.E.D.I.C., Inc. for Jefferson Primary Care, P.L.L.C.

Date

**AGREEMENT TO ACCEPT RESPONSIBILITY FOR PAYMENTS
DENIED AS UNTIMELY**