East Bay Foot Clinic, Inc.

Dr. Zeineldin Ahmad, DPM
Dr. Steven Ea, DPM
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5720 Stoneridge Mall Rd. Suite 130
Pleasanton, CA. 94588

Participating insurance:

The following is a list of insurance companies that East Bay Foot Clinic, Inc. is contracted with. If you don't see your specific plan or product below, please contact our office at 925.474.4519 or 925.474.4513 prior to a scheduled visit to check if you're covered or that East Bay Foot Clinic, Inc. is a participating provider with your insurance plan. Please note all the John Muir HMO plans require a referral from a referring physician. The referral will need to be obtained prior to treatment.

MEDICARE PART B
AARP
UNITED HEALTHCARE, PPO, POS, CHOICE PLUS
UMR
AETNA, PPO, POS, CHOICE PLUS
ANTHEM BLUE CROSS-BLUE SHIELD, PPO, POS, CHOICE PLUS
ANTHEM PPO, POS, CHOICE PLUS
BLUE SHIELD, PPO, POS, CHOICE PLUS
BRMS TIER II
CORE SOURCE
CIGNA, PPO
MEDI- MEDI ONLY- NO STRAIGHT MEDI-CAL
HMO- ONLY IF IT'S THROUGH JOHN MUIR MEDICAL GROUP

Non participating insurance plans:

For all other insurance plans not mentioned above, ie. Medicare with Kaiser, Western Health Advantage, Humana, etc. will be considered an out of pocket cost. The cost for the services for non covered patients or patients with an **"out of network**" plan can be discussed with the office staff, as all services vary in pricing.

Insurance claims:

Please bring your insurance card with you at your initial visit. It is the patient's responsibility to notify staff of any insurance changes.

Primary Insurance:

We will file claims with the patient's insurance upon the patient's submission of proof of insurance (i,e., insurance card indicating coverage, ID number and group number).In the event the patient has insurance coverage but cannot provide documentation, payment is due at the time of service. Upon receipt of the insurance card, we will submit the health insurance claim indicating patient payment at the time of service.

Secondary Insurance:

Claims will be filed with secondary insurance if adequate information is received at the time of service.

Patient Financial Responsibility:

If no insurance is to be filed by us, or if we are not a participating provider in your insurance plan, Full payment is expected. If necessary, we can set up a payment schedule. Payment arrangements will be made with a signed payment agreement and the approval of the office manager. Deductibles, and co-payments will be billed to the patient directly. Payments for non-covered services are due at the time of service or will be billed to the patient directly.

Please sign and date confirming that you understand and acknowledge all of the above.

x_____
Signature

Date:_____