

WE ONLY PARTICIPATE WITH THE FOLLOWING INSURANCE COMPANIES

Aetna	IBEW
Blue Cross Blue Shield Care	KBT
CCN, Inc	Medicare
Century Hlth Solutions	Medicaid
Cigna	Mid America Health
Community Hlth Pln of KS	Prairie Band Potawatomi
Coventry Healthcare	Preferred Health Care
Coventry Advantra	Preferred Health Prof
Custom Care	PHCS/MultiPlan
Disability Determination	Principal PPO
Equitable FMH	Private Healthcare Systems (Multiplan)
FMH	Prudential
First Health	SecureHorizons(Evercare, Erickson Advantage)
GEHA	St Francis PHO
Health Partners of KS	Tricare for Life
Humana (Choice Care Network)	Triwest
	United Healthcare
	WPPA

COPAYS ARE DUE AT TIME OF SERVICE

If you don't have insurance coverage, payment is due when service is rendered unless you make arrangement before seeing the doctor.

I authorize the release of my medical records to my referring physician and/or specialty physician as deemed necessary.

I request that payment of authorized Medicare/Other Insurance company benefits be made either to me or on my behalf to Kresie & Penzler, M.D.'s PA. I authorize any holder of medical information about me to release to the centers for Medicare & Medicaid Services (CMS) and its agents or any insurance carrier any information needed to determine these benefits or the benefits payable for related services.

Signature

Date