

Monarch Rheumatology, PLLC

Waffiyah A. Afridi, MD

Board Certified in Rheumatology

NOTICE TO ALL PATIENTS WITH AFFORDABLE CARE ACT (ACA) PLANS

Due to the complexities & costs associated with ACA plans, it is the policy of Monarch Rheumatology for all patients with ACA plans, whether purchased through the Federal Exchange or directly from the insurance carrier that you provide

proof of active coverage and that your current premiums are paid prior to being seen for ***EACH*** visit to our office. Failure to provide these items may result in your appointment being cancelled or rescheduled.

Proof of active coverage and current premium payment could include:

- Receipt showing premium payment to insurance carrier for month being seen. This receipt must include your name and policy number.
- Email confirming premium payment received by the insurance carrier for month being seen. The email must include your name and policy number.
- Copy of your bank statement or online print out showing the auto debit from your account must have your name on it. You can white out of account number and other transaction information.
- ***Note:*** A copy of your bill/statement is not acceptable, we must confirm the actual premium payment has been paid and accepted.

In the event that your premiums are 100% subsidized (meaning you do not pay anything out of pocket for your insurance premiums), you must bring written documentation confirming the information prior to being seen. If your ACA plan is provided through an employer you do not need to provide proof of premium payment this information will be provided to us been verified your coverage. Our office has made a commitment to promote the health of our members, and to provide education regarding preventive health measures that you can take to maintain a healthy lifestyle. Our records indicate that your Health Insurance plan is through the **AFFORDABLE CARE ACT EXCHANGE PLAN.**

Also known as Health Market Place. At each visit is your responsibility to bring copy of your paid receipt to confirm payment has been made for the month you are being seen.

If for any reason that my premium is unpaid with the Health Exchange, I will be responsible for Total Billed Charges for all services rendered during that period.

Patient Name (Print)

Date

Patient Signature

13988 Diplomat Dr, Suite 100, Farmers Branch, TX 75234

Tel: 214.432.9664 Fax: 972.634.9363