



YOLANDRA L. JOHNSON, M.D.
JAMES L. ROSENBERG, M.D.
JONATHAN F. WILLIAMS, D.O.

Date: _____

Dear Medicare Patient:

Over the years, Medicare has regularly reduced payments for medical services to the extent that current reimbursements are substantially below the cost of providing these services. Medicare continues to warn of substantial reductions in reimbursements to physicians, making the delivery of high quality and timely medical care exceedingly difficult.

We intend to continue to provide high quality, timely and personalized care despite these extreme economic pressures. In order to do so, a fee of \$250.00 will be charged to cover the extra administrative expense and processing time for arranging your procedure(s). **This fee will not be reimbursed by Medicare or other insurance companies and, therefore, will not be submitted to your insurance for payment.** The fee has been reviewed by Medicare and certified that it is being charged for services that Medicare would not cover. It is not in violation of any Medicare guidelines.

This is a separate fee from the procedure charge. The procedure charges will be billed directly to your medical insurance.

We regret the necessity for this fee and hope that you understand its importance for the delivery of the highest quality of care.

Sincerely,

GCNS, S.C.

Please include payment with this form.

I have reviewed the above letter with full understanding and agree to be personally responsible for payment on my account as stated.

Name (Print): _____

Signature: _____

Date: _____