

Dear Patient,

As you have been informed via our mail outs and posted on our website as of December 01, 2011 our office will no longer be BCBS providers. Effective December 01, 2011 we will be out-of-network for all plans, and payment will be due at time of service. For your convenience we accept Visa, MasterCard, and American Express.

We will provide you with a "super bill" that you can mail to your insurance for your out-of-network benefits. Then, your benefit payments will be mailed directly to you. Attached is an example of what the super bill will look like. As you will note, the statement has the diagnosis code, procedure code (CPT), date of service, your payment, doctors name, NPI number, and tax ID number.

Within two weeks of your appointment your super bill statement will be mailed to, or you can pick one up at the time of your next visit.

You should be able to find your insurance mailing address, and, their phone number on the back of your BCBS insurance card (or other insurance card).

As always, if you have any questions please feel free to call our office.

ERNEST J. BORDINI, Ph. D.  
2121 NW 40 Terrace Suite B  
Gainesville, FL 32605-5814  
(352)336-2888

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Account 29000000 ← This is your acct # for our office  
Diagnosis 309.9 ← This your diagnosis code  
Sex \_\_\_\_\_

Insured's Name \_\_\_\_\_  
Pt's Relation to Insured Self

Carrier Name BCBS BLUE OPTIONS Policy # CYGH  
Group # \_\_\_\_\_

Condition Related to Employment No  
Condition Related to an Accident No

AUTH. TO RELEASE INFORMATION: I authorize the release of any privileged information necessary to process this claim.

ASSIGNMENT OF BENEFITS: I certify that the services listed have been received and I authorize payment be made to the provider named

Signed \_\_\_\_\_

Signed **DO NOT SIGN HERE**  
**TO HAVE PAYMENT OF**  
**BENEFITS SENT TO YOU**

Begin / End Date	POS	CPT	Description	Rendered By	Dx	Charges	Units
09/16/2011	11	90806	PSYCHOTHERAPY-1 HOUR	ERNEST J BORDINI, PHD & ASS		180.00	1.00

↑  
This is the procedure code

Provider's Signature  
ERNEST J BORDINI PH.D.  
PY4140

Supplier Name & Address  
ERNEST J BORDINI PHD ASSOC  
2121 NW 40 TERRACE, STE B  
GAINESVILLE FL 32605

Tax ID \_\_\_\_\_ NPI 1972583623

Supplier ID \_\_\_\_\_

↑ This is the group's NPI

← This is the tax ID #

(Retain Stub)

ERNEST J. BORDINI, Ph. D.  
PATIENT RECEIPT

Name  
Provider ERNEST J BORDINI, PHD & ASSOC, PA  
Location \_\_\_\_\_

Account # \_\_\_\_\_  
Date 09/16/2011  
Diagnosis 309.9

↑ This is your diagnosis code for the procedure

Next Appointment \_\_\_\_\_

Previous Balance	New Charges	New Payments	Other Credits	New Balance
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180.00 180.00 0.00

↑

VISA AND MASTER CHARGE ACCEPTED  
INSURANCE PATIENTS: Denied payments will be added to your patient balance.

↑ This shows your payment.