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INTERNAL MEDICINE  
DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE

Dear Patient,

Dr. Fine provides what he feels is the most appropriate care for your health maintenance. This letter is to inform you that although these services are important for maintaining or assuring your optimum health, **they may not be covered by your insurance company or Medicare.**

Your carrier may use the terms “medically unnecessary,” “routine,” “not covered,” or “preventative care” to deny coverage for certain services including routine physicals, pre-operative clearance, injections/vaccines, HIV screening and others. Carriers may claim to cover “routine care,” but this may not be as comprehensive as you expect.

Since there is no consistency amongst the multitude of diverse plans and different insurance carriers, our office staff cannot keep up with their policies. However, we will be glad to help you by corresponding with your carrier to appeal improperly denied claims.

Your signature below provides us with authorization to bill your insurance company. Your signature also verifies that you understand that services provided may not be covered by your policy and that you are financially responsible for these services even if deemed unnecessary or unpayable by your carrier.

Should your insurance company fail to pay within 90 days, all outstanding balances become the full responsibility of the patient.

Thank you.

**PRINT YOUR NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_