



14115 Lovers Lane Suite #115  
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### Deductible and Coinsurance Notification

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Your child's insurance plan with \_\_\_\_\_ has a **deductible** of \_\_\_\_\_ of which \_\_\_\_\_ has been met as of this date \_\_\_\_\_ for this ( Calendar Year  Plan Year \_\_\_\_\_).

In order to work towards paying your deductible, you will be responsible for paying the full charges of each visit based on your insurance rates and policies.

Based on information from your insurance company and customary allowable charges visit amounts are:

- Evaluation: \_\_\_\_\_
- Each visit \_\_\_\_\_ until your deductible is met.
- Other \_\_\_\_\_: \$ \_\_\_\_\_

\* After your deductible is met you will owe \_\_\_\_\_% of the visit charge above.

Due to continuous changes in reimbursement rates and insurance policies we are estimating your co-insurance rate. However, this rate is subject to change often without notice by your insurance company and cannot be precisely determined until C-STARs receives payment for each visit after the visit is billed.

- **If your co-insurance amount is determined to be an overpayment, C-STARs will reimburse you or credit you for your next visit's co-insurance.**
- **If your co-insurance amount is determined to be an underpayment, you are responsible for the remaining balance due upon receipt of payment from your insurance company.**

**By signing below you signify that you understand this policy and agree to pay the above co-insurance rate at each visit and any remaining balance owed after payment.**

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Responsible Party

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date