

Robert Langston M.D.
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San Francisco, California 94118
415-221-6476 (Office)
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PATIENT'S NOTIFICATION OF INSURANCE COVERAGE

-Due to the recent changes to health insurance coverage; it is the responsibility of the parents to inform our office of any changes made prior to your child's appointments. **It is not the responsibility of our office to insure coverage.**

-**You are responsible for any and all services rendered** by our office if your insurance carrier is considered **out of network**. If your insurance carrier does not pay for these services after billing; **it is the insured's responsibility to call the insurance and have claims reprocessed.**

-**NEW and EXISTING** patients with **HMO (Brown and Toland) MUST** have the **PCP** with Dr. Robert Langston prior to your child's appointments.

Adding your child on to your insurance

1. Please call your insurance company and add your newborn within **30 days of delivery no later.**
2. Have insurance **effective** date of birth.
3. Add Robert Langston, MD as your child's Primary care Physician (PCP)
EFFECTIVE DATE OF BIRTH.

Insurance denied-Incorrect PCP

1. Please call your insurance company and change your child's Primary Care Physician (PCP) to Robert Langston, MD., **EFFECTIVE DATE OF BIRTH.**
2. Have your insurance company reprocess all claims. **(If you have HMO, you must call Brown & Toland at 415-972-6000 to reprocess all claims).**
3. Call our office and notify us that insurance is reprocessing the claims.
4. **Resubmitting claims will be denied as duplicates; therefore you must follow these steps. Thank You.**

Failure to complete the steps above may result in suspension of childcare from this office.

Child's Name: _____ Date: _____
Please print first and last name

Parent's Signature: _____ Date: _____
By signing; you have read and understand our insurance policy