

Ann Shippy, MD
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Austin, TX 78746
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Insurance Policy

Dr. Shippy is an Out of Network provider. All office visits are paid for at the time of your visit. We do not bill the insurance company. But because Dr. Shippy is a licensed physician, your office visits may be covered under your policy as an Out of Network visit. Please check with your insurance company for your individual coverage for Out of Network, we do not have that information, nor do we have access to it.

We will provide you with a receipt that you may submit to your insurance company for reimbursement based on your Out of Network coverage. However, because Dr. Shippy is practicing Holistic Medicine some insurance companies view her practice as being Experimental/Investigational and as such are not eligible for reimbursement.

Dr. Shippy is not a Medicare Provider. No claims can be made to Medicare for your office visits with her. You will need to sign a private contract with her if you are enrolled under Medicare prior to your office visit. Please let us know if you are enrolled in Medicare so we can provide this contract for you.

Because we do not file insurance in this office, we do not have an insurance specialist to handle problems that may arise with your policy. In case of a denial of your claims, we will work with you to try to get it resolved, but you are responsible to find out from your insurance company what it is they need and convey that information to us.

However, sometimes the insurance company requires Dr. Shippy to provide information outside of the normal notes that she takes during your office visits. If this happens and you wish her to follow up with this, you may be billed at her hourly rate for the administrative time that it takes for her to provide the requested information to your insurance provider. In some cases the insurance company will pay her fee, but we cannot guarantee this. We will notify you if we receive such a request in order to get permission to proceed with this process and to charge you for her time.

Please sign and date as acknowledgement that you understand and agree to the terms of this Insurance Policy.

Name _____ Date _____

Signature _____