



# Yalamanchili Brain & Spine

**Ravi Yalamanchili, M.D.,FAANS**

Board Certified, Neurological Surgery

Tel (301) 846-0100

1 (866) 833-5195

Fax (301) 846-0244

[www.yalamd.com](http://www.yalamd.com)

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*Specializing in:* Intracranial Surgery – Microendoscopic Discectomy – Endoscopic Surgery – Spinal Instrumentation – Minimally Invasive Surgery - Cyberknife

## **Insurance Policy**

Managed Care insurance contracts require co-payments to be collected at the time of service.

It is the patient's responsibility to give full & correct insurance information prior to the office visit. Also, it is the patient's responsibility to obtain the appropriate referral required by their insurance plan.

For patients with Worker's Compensation Insurance, it is the patient's responsibility to give the following information:

1. Adjustors name, phone number, and fax number
2. Claim number
3. Name of insurance carrier
4. Claim address
5. Date of injury
6. Referring physician name
7. Primary care physician name
8. Employer's name and address

For patients with motor vehicle related injuries, it is the patient's responsibility to give the following information:

1. Adjustors name, phone number, and fax number
2. Claim number
3. Name of insurance carrier
4. Claim address
5. Date of injury
6. Referring physician name
7. Primary care physician name
8. Whether or not PIP or Med Pay is available (**If there is no Med Pay or if it is exhausted, we must have a written statement from the auto insurance carrier faxed in advance in order to bill your medical insurance carrier.**)

Please update our Receptionist with your current insurance, address & phone number information or if there are any other changes to include your primary care physician or referring physician.