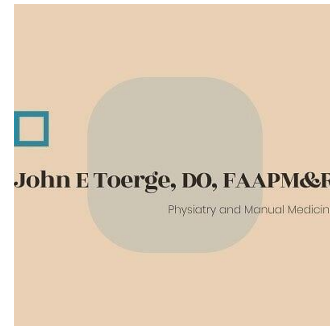


John E. Toerge, DO, LLC

John E. Toerge, DO, FAAPMR
5410 Edson Lane, Suite 350
Rockville, Maryland 20852
Telephone number: (301) 377-2661
Fax number: (240) 765-6340
Email address: john@johntoergedo.com
Website: www.johntoergedo.com



About reimbursement:

We suggest that you submit the papers you receive at checkout for potential reimbursement.

These include the Office receipt with my logo and other physician information, the printed or emailed receipt for payment (from the credit card swipe) and the HCFA (universal insurance) form with your ICD-10 diagnostic codes and the charges for the visit.

If you want specific insurance information printed on the HCFA Form, you will need to complete that information (insurance company, insured, policy numbers, and other identifiers) since we do not require nor seek that information. The HCFA Form is printed as a courtesy for you. You will be responsible for the accuracy of the form.

In addition, Medicare patients must also submit the Medicare Contract with the Practice that indicates you are aware that the practice has opted-out of Medicare. This will trigger a denial by Medicare that opens the door, potentially, to some reimbursement from the Medicare supplemental plan.

We will not accept any insurance checks or payment from any insurer or Medicare. These will be returned to the insurer.