

FEES, FINANCIAL ARRANGEMENTS & INSURANCE COVERAGE

It is important that we have a good understanding with our patients regarding financial responsibility. We hope this summary will be helpful toward that end.

Your health coverage is provided through _____.

We will contact your insurance carrier to inquire about benefits available to you and your obligation under the plan. It is suggested that you do the same in order to be aware of your coverage. You may also want to verify if you are required to obtain a referral from our primary care physician prior to this appointment. **Each individual plan is different, so please call your insurance company to be sure!**

Payment for your first visit will be expected at the time of service, which may be your office visit co-payment and applicable deductible amounts. Acceptable methods of payment are cash, check, Visa and MasterCard. If you are a patient with Medicare as your primary insurance provider, payment is not required at this time.

We use electronic filing to process insurance claims for payment directly to our office beginning with your first office visit. If your insurance carrier has not paid our claim within the allowed 45 days, we will expect you to take an active part in calling them for immediate remittance. If by mistake payment is made to you, please send it to us along with all the paperwork sent to you at that time.

Your health plan may refuse payment of our claim for some of the following reasons:

1. There is a pre-existing illness that is not covered by your plan.
2. You have not met your full calendar deductible.
3. The type of medical service required is not covered by your plan.
4. The health plan was not in effect at the time of service.
5. You have other insurance which must be filed first.

Financial obligation for medical services rests between you and your health plan carrier. While we are pleased to be of service by filing your medical insurance claim for you, we are not liable for any limitations in coverage that may be included in your plan. If your health plan denies payment for any reason, **it is your responsibility as a patient to pay the denied amounts in full.**

I have read and understand my obligations and I acknowledge that I am fully responsible for any services not covered by my health insurance carrier.

Patient Signature

Date

Printed Name of Patient