

INSURANCE PATIENTS: We participate in many different insurance plans. We will file your insurance claims for the companies with whom we are contracted. You will be responsible for any co-payments or deductibles at the time services are rendered. We may accept assignment of benefits with some insurance companies; however, in all cases the guarantor, the person who is financially responsible, is personally liable for all balances due within 60 of service. It is your responsibility to understand and comply with any predetermination of benefits or referral requirements. Please be aware that some, and perhaps all, of the services provided may be non-covered services, or may not be considered medically necessary under the Medicare Program or by other medical insurance companies. You will be responsible for co-payment, deductibles, out-of-network costs, and any portion your insurance company states you are responsible for. Any fees for services rendered not paid by your insurance will be your responsibility. We allow your insurance company 60 days to pay your claim. If we do not receive payment within 60 days, you will be responsible for payment at that time. If we are contracted with your HMO/PPO, you will not receive a bill until we have heard from your insurance company.

I have read and agree to the terms above.

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Signature of Patient or Legal Representative

Date: _____/_____/_____

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Signature of Insurance Policy Holder

Relationship to Patient _____

Date: _____/_____/_____

REMINDER: PLEASE PROVIDE YOUR INSURANCE CARD (S) WITH A PHOTO ID OF THE INSURED

Please Request an Additional Form for Secondary or Supplementary Insurance Information