

PATIENT INFORMED CONSENT

Please make sure YOU are informed of your insurance benefits!

1. NOTICE TO OUR PATIENTS REGARDING PAYMENT:

*If you are **self-pay** – full payment of services rendered is required at the time of service.*

CURRENT INSURANCE CARDS MUST BE PRESENTED AT THE TIME OF SERVICE

*If we **are** contracted with your insurance – full payment of co-pay's, co-insurance, or deductibles are required at the time of service. We will bill your insurance – *as a courtesy to you*. Please understand any balance is ultimately your responsibility.*

If we **are not contracted with your insurance – full payment of services is required at the time of your visit. We will provide you with the appropriate paperwork so that you may file your claim with your insurance carrier for reimbursement.*

OB patients: We will bill your insurance, whether we are contracted or not, for your global package – *as a courtesy to you*. The above information does apply to services not covered in your OB contract. Please be familiar with what this includes. Non-global problem visits are billed separately.

2. **Preauthorization Requirements:** I accept the responsibility to obtain *all referrals from other physicians, or preauthorizations from insurance* to be in compliance with my insurance or medical coverage. This includes finding out whether my insurance company needs preauthorization for ultrasounds, procedures, D.E.X.A. scan's (bone density), or medications. If I have questions, I will contact my insurance for clarification. *If any procedures do need to be preauthorized, I take responsibility to do that, or ask my nurse for assistance. If this is not done, I will be responsible for payment.*

3. **Annual Exams:** Some insurance companies do not cover preventive care visits. Due to insurance fraud issues, we cannot change the reason for your visit **AFTER** you have left the office. We contract with many insurance carriers to offer you discounted services and specialty care, but we do not know what your specific plan covers. Our office will not make calls to your insurance company for this purpose. Please let us know whether you are being seen for a problem or a routine physical exam, so that we may provide you with appropriate care and avoid insurance disappointments.

4. **Extra Paperwork:** There may be a fee if you need your doctor to fill out extra paperwork, such as, forms for your employer, more intensive physical exams, disability forms, work releases, or extensive insurance forms.

5. **Record Release:** We do charge a fee to release records, unless one of our doctors has referred you elsewhere. We **only** release records for visits and tests done here at this office.

6. **Account Balances:** All past due balances or collection accounts must be paid in full at the time you come in for your appointment. You may call to set up payment arrangements, but these must be reasonable and paid in a timely manner. All arrangements **MUST** be made in advance!

7. **Cancellations:** In order to provide the best possible service and availability to **ALL** our patients, should you need to cancel your appointment; we ask that you please do so at least 24-hours in advance.

Signature (Patient/Parent of Minor): _____

Patient DOB: _____

Today's Date: ____/____/____

Revised 09/12/06