



INSURANCE AND FINANCIAL RESPONSIBILITY

We are thankful you have chosen our practice for your healthcare needs. Please be aware that medical insurance is a contract between you and your insurance carrier. You are ultimately responsible for payment of our services.

**YOUR CO-PAY / MEDICAL DEDUCTIBLE / CO-INSURANCE AMOUNT IS DUE AND PAYABLE
AT THE TIME OF YOUR VISIT.**

We are happy to bill your insurance if we are a provider on your plan. To ensure no interruption in care,

- Please understand that your co-pay, deductible, and or co-insurance amount(s) and be prepared to pay at the time of visit
- Check with your insurance if authorization is required for any testing
- Find out which diagnostic facilities are in-network with your insurance plan

I have read and understood that billing my insurance is provided as a courtesy and is not a guarantee of payment. I am ultimately responsible for payment of my medical bill(s).

PATIENT'S NAME: _____

PATIENT'S SIGNATURE

DATE

AUTHORIZED REPRESENTATIVE'S NAME: _____

AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE

RELATIONSHIP TO PATIENT: _____