



Insurance Release

Patient Name _____
Name of Insured _____
Insured Date of Birth ___/___/___ Age _____
Employer _____
Insured ID Number _____

Patient Soc. Sec # _____ - _____ - _____
Primary Insurance _____
Relationship to Patient _____
Work Phone # (____) _____ - _____
Group # _____ Policy # _____

Office Financial Policy

As A courtesy to you, our office will bill your insurance company. However, there are numerous insurance networks and we may or may not be a network provider. If not in-network, we may not have agreed to accept a reduced fee from your insurance company. It is the responsibility of the patient to know and understand the benefits of your insurance plan. Our office does not accept/file to secondary insurance except for Medicare recipients. It is the insured's responsibility to file and accept all payments issued by secondary insurance. Insurance coverage is a contract between the patient and their insurance carrier. We will assist you in maximizing your insurance benefits by verifying your benefits prior to your first visit; however this is not a guarantee of benefits or payment. By law, the insurance carrier must remit payment or deny the insurance claim within 30 days of the initial notice of claim. If an insurance problem occurs, the patient may be asked to assist our office in contacting the carrier and/or filing a complaint with the State Insurance Commissioner.

Insurance Change

It is your responsibility to notify our office as soon as possible when you have any policy or insurance changes. Failure to do so will result in a denied claim; therefore you are responsible for the balance due.

Medicare

Our office accepts Medicare assignment. The difference between the Medicare approved amount and the amount we bill Medicare is discounted. However, there is a calendar year Medical deductible to be satisfied by the patient and a 50% co-insurance for our services. Sometimes this balance is paid by the secondary insurance. Unpaid balances by Medicare and Secondary Insurance are the patient's responsibility.

Patient Responsibility

If an insurance company has not settled a claim within 90 days, the patient will be notified and the responsibility for the balance will transfer to the patient. Our office will be happy to provide you with the information we received from the insurance company regarding non-payment of claim(s). Balances due over 120 days may be sent to an outside collection agency. Prompt payment is appreciated.

Disclosure / Agreement

I agree to pay for any and all medical services that my insurance company refuses to pay for, regardless of the reason. This office will file a claim on my behalf. If my insurance company denies payment for any reason, I will be responsible for the unpaid balance (non-covered expense, co-pays, co-insurance, and deductibles). Failure of the insurance company to pay within 90 days of filing is for the purpose of this agreement, a refusal to pay. In the event I do not pay for these or any other services rendered when due, I agree to pay all collection fees.

I have read the financial policy and disclosure agreement and I hereby authorize my benefits to be paid directly to this provider's office, realizing that I am responsible to pay non-covered services.

Patient's / Guardian's Signature _____

Date ___/___/___

Print name _____