



## Official Policy on Standard Insurance and Managed Care Insurers

In order to accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance programs.

While we are please to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of each plan. Each plan has different stipulations regarding how often services may be rendered by whom and, even more importantly, where those services may be performed.

Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated.

Unfortunately, if you do not inform us of any special requirements in your contract and we subsequently order services, such as lab work or hospitalization that are not covered, we or the selected medical facility will have no choice but to bill you directly for those charges. Payment for those charges will be your responsibility.

**FINANCIAL AGREEMENT:** The undersigned agrees, as patient or agent of the patient is accepting financial responsibility for services rendered and is obligated to pay the account balance in full. If there is verifiable Medical Insurance Coverage or other verifiable financial coverage, a claim will be filed as a convenience to the patient. However, it remains the responsibility of the patient/guarantor to follow up with his/her insurance company if the claim is not paid within 45 days. Pre-certification is the responsibility of the patient/guarantor and should be secured prior to services whenever possible, within policy limitations in case of emergencies. Payment for services not covered by the insurance or third party payor is the responsibility of the patient/guarantor.

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1. REMINDER: Payment of co-pays and deductibles are required at the time services are rendered.
2. **HMO and PPO** participants are responsible for verifying that referred specialists are participating providers for their plan and that a referral, if required, is obtained prior to their appointment by your primary care physician. If a referral is needed for any visit, it is the patient's responsibility to obtain that referral.
3. Tissue reports, special lab tests, and other laboratory procedures may be billed to you from a reference lab.
4. Vision Plans require preauthorizations. Please provide us with your vision plan information so that a preauthorization may be obtained. If a preauthorization is not obtained you will be responsible for all charges at the time of service.

We file insurance claims for the physicians' charges to contracted PPO's and HMO's. A copy of your insurance card and a signed form is required. Any remaining balance after the insurance payment is your responsibility. Follow-up with your insurance carrier for reconsideration of your claim is your responsibility. Our office will gladly assist you in any way that we can.

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I have read and understand the office policy stated above and agree to accept responsibility as described. I authorize the release of any medical or other information necessary to process any insurance claims.

Signed: \_\_\_\_\_ SS# \_\_\_\_\_ Date: \_\_\_\_\_