

FINANCIAL RESPONSIBILITY FORM

INSURANCE COVERAGE

- It is your responsibility to be aware of your insurance coverage, policy provisions, exclusions and limitations as well as authorization requirements. This information is furnished by your insurance carrier.
- We attempt to verify that your coverage is valid at the time of the visit. However, if your coverage is not in effect at the time of the visit, the financial responsibility for payment is yours.
- Should you fail to provide current and active insurance information within your health plans timely filing limit for any services rendered, you will be responsible for all unpaid claims.

INSURANCE CHANGES

- If you have had any changes in your insurance coverage - even if there is only a small change in the co-payment amount or a change in the expiration date of the policy - you must notify us. Even a small discrepancy on the claim form can lead to a claim denial.

CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES

- Co-insurance and co-payments are the patient's responsibility. Co-payments are due at the time of the visit. If you do not make your co-payment at the time of your visit, we may charge you a \$10.00 fee.
- Deductibles are the patient's responsibility. The deductible is determined by the contract you have with your insurance carrier. We do not know how much each person's deductible is and how much has been met at the time of your visit. This will be billed to you after your visit.

REFERRALS & AUTHORIZATIONS

- It is your responsibility to obtain referrals if required to do so by your plan.
- It is your responsibility to let us know if your plan requires prior authorizations for any testing or procedures you may need to have in our office. Please check with your insurance to see what your plan covers and what may require authorization before having any tests or procedures in the office.

WELL VISITS

- It is your responsibility to be aware of how many well visits per year that your insurance will cover.
- Full payment at the time of visit will be required for well visits not covered by your plan.
- If you are being seen for a well visit, the physician cannot change it to a "sick" visit so that it will be covered.

OBSTETRICAL ULTRASOUNDS

- It is your responsibility to be aware of how many obstetrical ultrasounds per pregnancy that your insurance will cover.
- Full payment at the time of visit will be required for obstetric ultrasounds not covered by your plan.
 - **Oxford:** Oxford Health Plan will currently cover (3) obstetrical ultrasounds. Any amount after (3) require authorization which you are required to obtain.
 - **HIP:** HIP Health Plans require all obstetrical ultrasounds to obtain authorization.

NON-COVERED SERVICES

- All patients are responsible for "non-covered" services if denied by their insurance carrier.

INSURANCE REQUESTS

- You are responsible for responding to any requests from the insurance company for further information. Not doing so will result in a claim denial and you will be responsible for payment.

INSURANCE PAYMENTS SENT TO YOU

- If insurance payments are sent to you erroneously, you are responsible for forwarding them to our office.

LATE FEE'S & ACCOUNT BALANCE INFORMATION

- For every 30 days that your account balances are past due there may be an additional \$10.00 late fee added to your account.
- We reserve the right to charge you an additional fee of \$30.00 or more should your account be referred to a collection agency.

SECONDARY & TERTIARY INSURANCE

- We will not submit your claims to your secondary or tertiary insurance company for a co-payment balance. We will provide you with the paperwork needed to submit the claim personally. You must make payment for your copay at the time of you visit.

***We emphasize that as a medical care provider, our relationship is with you and not your insurance company. It is your responsibility to know your policy.**

I have read and understand this financial responsibility from.

Patient Signature

Date