

PATIENT/GUARANTOR RESPONSIBILITY ACKNOWLEDGEMENT

Accurate and up to date insurance information must be provided to our office at the time of service in order to correctly bill for services provided. It is ultimately your responsibility to ensure that we have been notified of any changes in your insurance coverage or lack thereof. Should your insurance change, be denied, or lapse, or should your insurance not completely cover your entire visit, you will be responsible for the balance due for services rendered, which may include co-pays, coinsurance amounts, deductibles, or 100% of the charges for any services provided to you.

CO-PAYMENT

Co-payments are charged and must be paid at the time you receive certain types of services, such as office visits, procedures, emergency room services and consultations.

These costs are your responsibility.

COINSURANCE

Coinsurance is the percentage of each claim above the deductible that you pay. Generally, if your coinsurance is "80/20", you pay 100% of the deductible, then 20% of the covered expenses after the deductible amount has been met.

These costs are your responsibility.

DEDUCTIBLE

The annual deductible is the amount you are responsible for under the health plan before the health plan will begin to pay. You may have a deductible for an individual, as well as for any covered family members.

These costs are your responsibility and your physician does not receive payment for these services if you do not pay these charges.

The above descriptions are listed for example only. Always verify your specific coverage with your insurance company. Your physician has no control over your insurance policy and your insurance may or may not cover services rendered, either in part or in their entirety.

I understand that, as patient/guarantor, I am fully responsible for payment on any amounts transferred to my account.

PRINT PATIENT NAME: _____

PRINT PARENT OR GUARDIAN: _____

SIGNATURE: _____ **DATE:** _____