

## YOUR INSURANCE COMPANY

In the past few years, the number of different health insurance programs has increased at an amazing rate. Even within one company there may be several programs with varying benefits and requirements. There is no way that we can possibly know, or keep up-to-date with, each programs provision.

- Some programs require that a specific facility be used for your x-rays, ultrasounds or blood tests.
- Some programs require pre-authorization, while others do not.
- Some insurance companies require PATIENTS to notify them of hospital admissions or trips to the emergency room.
- Some programs require specific information regarding hospitalizations.

It is YOUR responsibility to know:

1. Your financial obligations whether your particular plan requires a co-pay or an in or out-of-network deductible;
2. Whether this office is participating with your particular plan and program; and
3. To advise this office of your program's requirements in advance, each and every time we provide a service. We will do our very best to comply with any reasonable requirements that your program may have.

Please understand that if we have not been advised in advance of your program's requirements or conditions and we provide a service or use a laboratory that is outside of the program, you will be responsible for the appropriate fees.

In addition, there are times when we may not be able to obtain a consultant or laboratory that participates with our program. It will be up to you to work this out with your insurance company.

These are not our regulations, they are your insurance company's regulations and unless you follow them carefully the insurance company may decline all or part of your claim. Your insurance carrier should have provided you with a phone number for you to use if you have any questions about your coverage. Please be sure to keep this page with your insurance papers for future reference.

**I ACKNOWLEDGE RECEIPT OF THIS INFORMATION.**

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT NAME (PRINT)