

Financial Responsibility / Filing Insurance

Patient information: Please complete all spaces asking for your demographic information. Completed information will be necessary for referrals to other physicians, mail away prescription services and for the prescriptions you will receive today that will be sent directly to the local pharmacy electronically. Please include your email address as a point of contact for prescription refills and recalls. You will be asked to complete this form fully at your first visit and thereafter once yearly or if your last visit was longer than six months ago.

If you are a parent or guardian to a minor, or a person financially responsible for an employee or patient being seen in this office, you will be asked to complete this information paper.

Filing Insurance: Your medical insurance coverage is a contract between you and your insurance company.

As a courtesy, our office will be happy to file **in-network** medical insurance claims up to, but not exceeding, two times.

All **copayments** and **in-office deductibles** will be collected at the time of service. Please note that *a quote of benefits from your insurance carrier is not a guarantee of payment until the claim is received.*

Once your insurance receives your claim and payment determination is made, you will receive an **explanation of benefits** from your insurance. You will receive a final invoice for all unpaid balances as determined by your insurance carrier.

Lab work: will be processed and billed separately by Solstas Lab Partners. Laboratory payments / billing will be managed directly by Solstas Lab Partners.

Self-Paying Patients: We will be happy to give you an *estimate* of charges prior to your visit. You may incur additional charges for lab work, x-ray or procedural items that the physician will determine at the time of your examination. It is our office policy to collect payment for all services performed on the day you are seen. We do not currently offer payment plans and cannot accept partial payments, third party checks, counter checks or checks over \$50. We do accept MC, VISA, Discover and DEBIT cards. If you are the person financially responsible for the patient being seen today, we will need your information filled out in entirety. **We cannot retroactively file an insurance claim after you are seen as a cash patient. Please verify your non-insurance status prior to being seen.*

I have read the above information and understand that I am responsible for any residual balances remaining after insurance response, and or, all balances at time of service if I am paying for my visit as a cash patient:

Patient name: (printed) _____

Patient signature _____ **Date:** ____ / ____ / ____