

PATIENT _____

DOB _____

In order to prevent any misunderstandings, we would like our patients to know that:

1. All charges for medical services will be billed to patient. Patient's (or responsible parties) are personally responsible for payment of these bills. Hospital charges and other doctor's fees will be billed to you separately: They are in no way to be considered part of our fee.
2. **INSURANCE COMPANIES DO NOT ALWAYS PAY THE ENTIRE BILL!** It is to be understood that any balance after payment by insurance co. will be shown on your monthly statement and should be paid promptly (to avoid interest). **YOU SHOULD UNDERSTAND YOUR COVERAGE PRIOR TO YOUR APPOINTMENT.**
3. Your insurance is a contract between you, your employer and the insurance company. We are not a party to the contract. Your contract could change yearly.
4. Our fees are considered to fall within the acceptable range by companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of UCR. UCR is defined as usual, customary, and reasonable by most companies.
5. This statement does not apply to companies who reimburse based on an arbitrary schedule of fees, which bears no relationship to the current standard cost of care in the area.
6. Not all services are covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
7. We do accept assignment of benefits from MEDICARE, which means the patient is responsible for 20% of the allowed amount by MEDICARE. Medicare patients are also responsible for their yearly deductible; this amount is set by Medicare.
8. **Medi-cal patients:** our office is not contracted with any HMO Medi-cal plans. Medi-cal patients will be responsible for any changes incurred if they are assigned to an HMO program, and treatment is rendered. We do contract with straight Medi-cal.
9. **ALL INSURANCE FORMS MUST BE BROUGHT TO THE OFFICE AS SOON AS POSSIBLE.** We bill your insurance as a courtesy to our patients. An assignment of benefits to the doctor will be required.
10. **DOES YOUR INSURANCE CARRIER REQUIRE PRIOR AUTHORIZATION OR A SECOND OPINION?** It is your responsibility to check with your insurance company in this matter.

I have read, understand and accept the above. I authorize the release of any information to my Insurance company, adjuster, or an attorney involved in this case.

Signature _____

Date _____

Print Name _____