

## **PATIENT FINANCIAL RESPONSIBILITY AGREEMENT**

The following is an explanation of our financial policies regarding patient accounts. Please take the time to read these policies; they describe your responsibilities for the handling of your account. If you need additional information or a further explanation of these policies, our Patient Account Representative will be happy to meet with you.

It is your responsibility to know whether or not you need a referral. If you need a referral and do not bring it with you at the time of your visit, it may be necessary to reschedule your appointment. You may potentially assume financial responsibility for the bill. You may be required to pay at the time of the visit.

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If your insurance company does not cover well woman examinations, you will be responsible for payment of your visit. If you have a health concern, please let us know so we can submit the correct diagnosis. Once your claim has been submitted, we **CANNOT** change the diagnosis or refile your claim. It is extremely important to know your benefits.

Please remember: an insurance contract is made between the patient and the insurance carrier, not the Physician. The ultimate obligation for payment rests with you. This office does not accept responsibility for collecting your insurance claim or for negotiating a disputed claim. You are responsible for payment of your account.

All lab charges are separate from your office visit. This includes pap smears, blood work, pathology, biopsies, and cultures. Your insurance may not cover lab charges, therefore, you are responsible for these charges.

## **PATIENT CONSENT**

I have read the foregoing and hereby agree that I am fully responsible for all charges on my account, including any and all lab charges that will be separate from my office visit. Any and all remaining balances on my account shall be my responsibility.

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Patient Signature

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Date