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**FINANCIAL RESPONSIBILITY FORM**

**INSURANCE COVERAGE**

- It is your responsibility to be aware of your insurance coverage, policy provisions, exclusions and limitations as well as authorization requirements. This information is furnished by your insurance carrier.
- We attempt to verify that your coverage is valid at the time of the visit. However, if your coverage is not in effect at the time of the visit, the financial responsibility for payment is yours.

**INSURANCE CHANGES**

- If you have had any changes in your insurance coverage - even if there is only a small change in the co-payment amount or a change in the expiration date of the policy – you must notify us. Even a small discrepancy on the claim form can lead to a claim denial.

**CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES**

- Co-insurance and co-payments are the patient’s responsibility. Co-payments are due at the time of the visit. If you do not make your copayment at the time of your visit, there will be charged a \$10.00 fee. Checks are accepted with NY issued ID. There will be a charge assessed for any check returned by your bank for any reason.
- Deductibles are the patient’s responsibility. The deductible is determined by the contract you have with your insurance carrier. We do not know how much each person’s deductible is and how much has been met at the time of your visit.

**REFERRALS**

- It is your responsibility to obtain referrals if required to do so by your plan. Please allow 3 – 4 business days for our staff to generate your referral.

**WELL VISITS**

- It is your responsibility to be aware of how many well visits per year that your insurance will cover.
- Full payment at the time of visit will be required for well visits not covered by your plan.
- If you are being seen for a well visit, the physician cannot change it to “sick” visit so that it will be covered.

**NON-COVERED SERVICES**

- All patients are responsible for “non-covered” services if denied by their insurance carrier.

**INSURANCE REQUESTS**

- You are responsible for responding to any requests from the insurance company for further information. Not doing so will result in a claim denial and you will be responsible for payment.

**SECONDARY & TERTIARY INSURANCE**

- We will not submit your claims to your secondary or tertiary insurance company for a copayment balance. We will provide you with the paperwork needed to submit the claim personally. You must make payment for your copy at the time of your visit.

**\* We emphasize that as a medical care provider, our relationship is with you and not your insurance company. It is your responsibility to know your policy.**

I have read and understand this financial responsibility form.

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Patient Signature

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Date

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PRINT PATIENT NAME