

## FINANCIAL RESPONSIBILITY DISCLAIMER:

As the patient, or guarantor, I acknowledge that co-payments collected today are separate from any Deductibles, Co- Insurances, or additional charges that my Insurance Carrier may deem as Patient responsibility, and it is possible I receive a statement for today's visit.

I also acknowledge that the physician must code the visit accordingly, and that any issues with Medical Coding must be reviewed prior to resubmissions of claims.

I understand that it is ultimately my responsibility as the patient, or guarantor, to check with my Insurance Carrier regarding my benefits prior to being seen, and any services rendered with my consent that may not be covered by my insurance are still my financial responsibility and owed.

### FOR HMO PATIENTS ONLY:

As an HMO Patient, I acknowledge that it is my responsibility to make sure all requisites are obtained prior to seeing the Specialist, which include but are not limited to: Referrals and Authorizations from my Primary Care Physician (PCP) and/ or my Insurance carrier.

Failure to do so, may result in my claim being denied, and I may be held liable for the costs of Services rendered.

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**IF YOU MAKE CHANGES TO YOUR INSURANCE PLAN(S) AT ANY TIME, YOU SHOULD ALWAYS NOTIFY ANY PHYSICIAN/ HEALTHCARE PROVIDER YOU ARE CURRENTLY AN ACTIVE PATIENT WITH TO AVOID BEING HELD RESPONSIBLE BY YOUR INSURER.**