

Notice to all HMO and PPO Patients

Your “HMO” or “PPO” health insurance plan has specific rules you must follow in order for you to avoid liability for full payment on services rendered.

We participate with many HMO and PPO plans. It is your responsibility as a patient to provide us with an updated authorization/referral on the day of your scheduled appointment. Our office cannot be held responsible for obtaining authorizations/referrals. In order to keep as close to our schedule as possible, if you do not have an authorization/referral our appointment schedulers will reschedule you for a later date. To avoid this problem, we suggest you contact your primary care physician in advance. This will allow them sufficient time to provide you with an authorization.

We strongly urge you to learn in exact terms:

- 1. What your insurance plan covers and does not cover?**
- 2. If you must present a referral/authorization for each office visit?**
- 3. What your patient responsibility is for each visit (co-payment and/or deductible)?**
- 4. Which hospitals have a contract with your plan?**

You are responsible for co-payments and deductibles on the day that services are rendered. Our office accepts cash, checks, Visa and MasterCard for your convenience.

Finally, this is “**your**” insurance plan. Please familiarize yourself with every rule of the health plan you are enrolled in. It can save you a substantial amount of money! Your insurance company will mail a summary of charges, payments, denials or requests for further information. Please review all insurance correspondence.

Please sign and return to the front desk after reading. If you have any questions, feel free to speak to one of our office personnel.

I have read and understand the above information.

Patient Name: _____

Signed: _____

Date: _____