

# Fitzpatrick, Moran, Costa, and Haag-Rickert, F.A.C.O.G.

*Thank you for choosing to receive your health care at our medical office.*

*This document contains important information concerning financial responsibility for services received.*

## FINANCIAL GUIDELINES FOR HEALTH CARE SERVICES

### **Please present your insurance card at every visit.**

**As a courtesy to you, we will bill your health insurance company directly in most cases.**

You will be responsible for payment of any copayment or deductible required by your insurance plan.

**If your insurance company denies or delays payment, we will bill you directly.**

Copayments are due and payable at the time of your visit.

We accept MasterCard, Visa, and Discover Card.

If you pay by check and it is returned, it will be necessary to apply a \$25 fee to your account.

**If your account balance is sent to our collection agency, you will be charged a 20% additional fee.**

### **REFERRALS / SPECIALTY CARE**

Your insurance plan may require that prior authorization be obtained for certain services in order to provide reimbursement. Please contact your insurance company to determine referral requirements before receiving services. If the visit requires a referral, you are responsible for obtaining this referral through your primary care physician. A referral is not a guarantee of coverage.

### **NON-COVERED SERVICES**

It is very important that you take time to read and understand the information provided to you by your insurance company including your member handbook. All insurance companies have limits on the services they cover, and it is extremely important that you know your membership eligibility, benefits, limitations and exclusions under your specific plan. **If we bill your insurance and payment is denied for any valid reason, payment remains your responsibility.**

### **LABORATORY**

Certain lab tests are provided by a third party company. Please be aware that you will be billed separately for these services. If you have questions about this bill, please contact your insurance company. Some insurance companies have identified specific laboratories for you to use. Your insurance company can tell you these arrangements. **It is your responsibility to make this office aware of any specific laboratory restrictions.**

### **WHERE TO GO IF YOU HAVE QUESTIONS**

Our billing staff is available to help you if you have questions regarding this policy or other customer services issues regarding your balance. They can be reached Monday through Friday, 9 a.m. - 4 p.m. at 866-662-1606 option 4.

For question regarding your insurance policy and guidelines, call the telephone number on your ID card.

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ABIDE BY THESE GUIDELINES.**

This will remain in effect for any services provided to me by Fitzpatrick, Moran, Costa and Haag-Rickert, F.A.C.O.G.

Patient's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Patient's Signature \_\_\_\_\_

Parent's Signature if Minor \_\_\_\_\_