

## NOTICE TO ALL PATIENTS

We feel privileged to care for you and in order to maintain an excellent relationship, we feel that you should be aware of our policies.

As a courtesy to you, our office will submit your claims to your insurance company. If payment for services rendered is not received within sixty (60) days, you will be responsible for payment in full at that time. It will then become your responsibility to follow up with your insurance company.

If the insurance covers only a portion of the charges, you will be responsible for the balance. If your claim is denied, you will be billed for the entire account.

Prior to your procedure date, our office will contact your insurance company to determine eligibility and to request pre-certification if this is required. However, even though eligibility has been established and pre-certification received, it is **not guaranteed that the insurance will pay**. For this reason, **we suggest that you also contact your insurance company and make certain that benefits are available for your planned procedure/test.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of patient