

Statement of Insurance Eligibility and Benefit Coverage

Many individuals use health insurance to pay a portion of their health services. I require that each individual paying for their health services with health plan benefits sign a form declaring their eligibility and knowledge of current benefits as well as acknowledging that they are still responsible for payment of their health services should they be found ineligible or not covered for any reason.

I certify and declare that I am eligible for health plan benefit coverage as demonstrated by presenting my CURRENT health insurance card.

Furthermore, I certify and declare that if I am found ineligible for health plan benefit coverage or if my policy does not offer the benefits to cover the charges due to exclusion, I will be financially responsible for all costs incurred during the delivery of health services and agree to pay these charges according to the practice fee schedule.

In addition, I understand it is my sole responsibility to know the health plan benefits under my policy. It is my responsibility to know if my insurance policy has any deductible, co-payment, co-insurance and what those amounts are. It is my responsibility to know if my policy is out-of-network, prior authorization is required, referral from a primary care physician needs to be obtained, for which I am responsible, including any other type of benefit limitation.

If I do not have health insurance, I agree to pay in full for services rendered on the day I receive them unless a payment plan has been previously agreed upon.

Print Patient Name

Patient/Guardian Signature

Date

Print Name of Signatory