

## **ATTENTION PATIENTS**

### **WORK-ORDERS:**

If you are given any kind of work-order- for LABS, X-Ray, MRI, Ultrasounds, Physical, Speech or Occupational Therapy, you **must** call your insurance company to verify that they will cover the test and location of the services requested. We are finding that many insurance plans have exclusive agreements and will only pay for services at certain places. If you do not follow the directions of the insurance company and you obtain services at a different location then:

**YOU WILL GET A BILL AND WE WILL BE UNABLE TO ASSIST YOU IN CORRECTING THE BILL.**

We don't want this to happen to you. Therefore, it is **YOUR RESPONSIBILITY TO BE CERTAIN** that you use whatever network, laboratory, or facility your insurance insists you use.

### **YEARLY PHYSICALS:**

If you are here for a **yearly physical**, then all charges (including any labs) **will be processed as a "Wellness Exam"**. **IT IS YOUR RESPONSIBILITY** to call the customer service department of your insurance company to determine what (if any) portion they will pay towards a physical.

### **SICK VISITS AND ROUTINE FOLLOW UP VISITS ;**

All charges which are **related to a diagnosis or health problem** will be coded as such. A diagnosis or health problem can only be coded as a problem. You are not "well" if you are here to discuss problems with our physicians.

**PATIENTS MUST READ AND UNDERSTAND THEIR INSURANCE BENEFITS AND RESPONSIBILITIES. BE INFORMED!! LACK OF KNOWLEDGE OF YOUR BENEFITS COULD COST YOU MONEY!!!**

**I understand that any charges not covered by my insurance will be my financial responsibility. I have read and understand the office policies listed above.**

\_\_\_\_\_ (signature)