

ATTENTION PATIENTS:

***WE ARE NOT A MEDI-CAL PROVIDER. IF YOU HAVE MEDI-CAL, PLEASE STOP HERE AND SEE RECEPTIONIST.**

INITIAL: _____

ATTENTION INSURANCE PATIENTS:

WE WILL VERIFY AND BILL YOUR INSURANCE OUT OF COURTESY TO YOU. IT IS ULTIMATELY YOUR RESPONSIBILITY TO MAKE SURE YOU ARE ELIGIBLE AND COVERED FOR SERVICES. YOU ARE RESPONSIBLE FOR PAYMENT FOR SERVICES IF YOUR INSURANCE DOES NOT PAY. CO-PAYS ARE DUE AT TIME OF SERVICE. IF YOUR DEDUCTIBLE HAS NOT BEEN MET, YOU MAY BE ASKED TO PAY A PORTION OF YOUR VISIT UP FRONT. CO-PAYS ARE NOT THE SAME AS DEDUCTIBLES.

INITIAL: _____

ATTENTION MEDICARE PATIENTS:

WE ARE A MEDICARE PARTICIPATING PROVIDER. WE ACCEPT MEDICARE'S ALLOWED AMOUNT AS PAYMENT IN FULL WHICH IS THE 80% THAT MEDICARE PAYS PLUS A 20% PATIENT CO-PAYMENT. IF YOUR DEDUCTIBLE HAS NOT BEEN MET AND THERE IS NO SUPPLEMENTAL INSURANCE, WE WILL BILL YOU THE DEDUCTIBLE AND/OR THE 20% CO-INSURANCE AT THE TIME OF SERVICE OR LATER.

INITIAL: _____

ATTENTION MEDICARE WITH MEDI-CAL PATIENTS:

WE ARE NOT A MEDI-CAL PROVIDER. IF YOUR SUPPLEMENTAL INSURANCE IS PROVIDED THROUGH MEDI-CAL, YOU WILL BE BILLED THE 20% THAT YOUR MEDICARE DOES NOT COVER. WE MAY BILL YOU THE 20% CO-INSURANCE AND THE DEDUCTIBLE IF IT HAS NOT BEEN MET AT THE TIME OF SERVICE OR LATER.

INITIAL: _____

ATTENTION MEDICARE WITH SECONDARY INSURANCE PATIENTS:

WE ARE A MEDICARE PARTICIPATING PROVIDER. WE ACCEPT MEDICARE'S ALLOWED AMOUNT AS PAYMENT IN FULL WHICH IS THE 80% THAT MEDICARE PAYS PLUS A 20% PATIENT CO-PAYMENT. WE WILL BILL YOUR SECONDARY YOUR 20% CO-PAYMENT. IF WE ARE NOT A PROVIDER WITH YOUR SECONDARY INSURANCE AND/OR THEY DO NOT COVER YOUR DEDUCTIBLE OR 20% CO-PAYMENT, YOU WILL BE RESPONSIBLE FOR THE 20% PAYMENT. WE WILL BILL YOU THE 20% THAT IS NOT COVERED BY YOUR SECONDARY INSURANCE.

INITIAL: _____

PATIENT NAME: _____ DATE: _____

PATIENT SIGNATURE: _____