



Patient Name: _____ SS#: _____

Dear Patient:

We have experienced a great deal of difficulty with patients changing their insurance plans and not informing our office prior to the effective date. Consequently, treatment has been administered with the assumption that our office participates with a particular plan, only to find that the insurance plan has changed to a plan we do not accept. Our office may not become aware of this problem until several cycles of treatment have been received.

It is your responsibility to notify us of any changes in your insurance prior to the effective date so that we can help provide the best service to you and free you from the burden of receiving a large bill which is not covered under your insurance plan.

In addition, many patients who have multiple coverage are often times not sure which plan is primary (their Medicare plan versus their spouse's plan). If you are not completely sure which is primary, please call Medicare or your Human Resource Department for the correct order of coverage.

We encourage you to ask our staff for assistance prior to switching to another plan to see if we accept your insurance plan.

This document is to inform you that if the wrong information is supplied or your insurance information is not updated with our office and we are unable to obtain payment, you will be responsible for payment of the services provided.

I have read the above and agree to the terms.

Patient Signature

Date