



INSURANCE BENEFITS

Dear Patients,

In an effort to make the check-out process as smooth as possible, we request that you are aware of your insurance benefits **before** your appointment. Although we bill your insurance company, we require **payment in full for your portion of service** (including co-pay and deductible). To help us collect your proper payment amount, please complete the questions below.

Please note: If we do not contract with your insurance you will be ask to pay the office visit and labs in full at the time of visit.

Insurance Name: _____ Date of Call: _____

How much is my co-pay? \$ _____

How much is my DEDUCTIBLE? \$ _____

Has it been paid/met yet? YES or NO If not, how much has been met? \$ _____

After my deductible has been met, what percent am I responsible for? _____

Will my lab test be covered under my co-pay or my deductible? _____

Patient Signature

Date

IMPORTANT: All of the above questions must be answered. If you are unaware of your benefits at the time of service you will either be asked to call your insurance company at that time, or pay in full. Thank you for your cooperation and understanding.