

Digestive Disease Associates of Rockland
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ABOUT YOUR INSURANCE BENEFITS

In the past few years, the number of different health insurance programs has increased at an amazing rate. Even within one company, there may be several programs with varying benefits and requirements. There is NO WAY that we can possibly know or keep up with each program's provisions.

- ◆ Some programs require that a specific facility be used for your x-rays, ultrasounds or blood tests.
- ◆ Some programs require pre-authorization, while others do not.
- ◆ Some insurance companies require PATIENTS to notify them of hospital admissions or trips to the emergency room.
- ◆ Some programs require specific information regarding hospitalizations.

It is ***YOUR RESPONSIBILITY*** to know and to advise us of your program's requirements in advance. each and every time we schedule an appointment or provide a service to you.

Please understand that if we have not been advised in advance of your program's requirements or condition and we provide a service or use a laboratory that is outside of the program, you will be responsible for the appropriate fees.

In addition, there are times that we may not be able to obtain a consultant or laboratory that is participating with your program. Therefore, it will be up to you to work this out with your insurance company. Always check with your insurance company **before** having any tests done to ensure that the facility you are going to accepts your insurance and that the test or tests you are having done are covered by your insurance company.

These are not our regulations; they are your insurance company's regulations.

Unless you follow them carefully the insurance company may decline all or part of your claim. Your insurance carrier should have provided you with a phone number for you to use if you have any questions about your coverage. We will make you a copy of this sheet to keep with your insurance papers for future reference.

I UNDERSTAND AND ACKNOWLEDGE RECEIPT OF THE ORIGINAL COPY OF THIS INFORMATION.

Signature

Date

Please print your name.