



PATIENT FINANCIAL LIABILITY FORM

Please understand that full payment of your account/bill is considered part of your treatment and is required for services rendered. Although we make every effort to obtain accurate information from the insurance carrier, verification of benefits is not a guarantee that an insurance carrier will pay a claim. The insurance carrier makes final determination based upon the plan’s level of coverage and associated policies, upon receiving the claim. Denied claims become the responsibility of the patient. In the event that a patient does not have insurance and is paying by cash, we offer a 25% discount off of our billable amount. This office accepts Visa, MasterCard, checks or cash. Returned checks are subject to additional fees. All unpaid accounts are sent to collection after payment is not made in a reasonable time period and may adversely affect your credit. Non-emergent medical services can be denied for unpaid accounts.

INSURANCE IS ACCEPTED UNDER THE FOLLOWING CONDITIONS: All co-payments are due to Washington Township Medical Group, Inc. at the time of service. Patient agrees to pay all deductibles, coinsurance and services deemed “patient responsibility” as identified by the insurance carrier. Deductibles, coinsurance, and patient portions are billed monthly on receipt of the patient’s insurance statement from the insurance carrier regarding your patient claim. YOU, the patient, are responsible to render payment once billed for the remainder. Patients are fully responsible for obtaining any necessary referral from another physician before the appointment time. Claim payments denied due to lack of referral become the patient’s responsibility.

I have read the above information and agree to the terms contained therein

Patient’s PRINTED Name

Responsible Party’s PRINTED Name

Responsible Party’s Signature

Date