

LEGACY OBSTETRICS & GYNECOLOGY

INSURANCE COVERAGE

If you have Insurance Coverage, please provide all of the information relative to your policy. Please note: All professional services rendered are charged to the patient. Necessary forms will be completed for all covered services, according to our office policy. The patient is responsible for all fees; regardless of insurance coverage.

PLEASE NOTE THAT TODAY AND EACH VISIT IN THE FUTURE:

1. ALL CO-PAYMENTS ARE COLLECTED AT CHECK-IN
2. OTHER PAYMENTS SUCH AS DEDUCTIBLES & CO-SHARES ARE COLLECTED AT CHECK-OUT
3. IF YOU ARE UN-INSURED PAYMENT WILL BE COLLECTED AT CHECK-IN.

PLEASE READ AND SIGN THE FOLLOWING AUTHORIZATION AND ASSIGNMENT OF BENEFITS.

I hereby authorize Legacy Obstetrics & Gynecology to furnish information to insurance carriers concerning my illness and treatment and I hereby assign to the doctor all payments for medical services rendered. I understand that I am responsible for payment of all services.

Date

Signature of Patient or Responsible Party

Legacy Obstetrics & Gynecology reserves the right to charge interest on all accounts 30 days past due.

Date

Signature of Patient or Responsible Party