Effective: August 1st, 2019

Due to the many changes in insurance policies, it is no longer an easy task to interpret each individual policy, therefore we urge you, the patient, to please check with YOUR insurance company regarding your coverage.

It is YOUR responsibility to know YOUR coverage and its limitations including:

* Your number of visits
* Your copay/co-insurance
* Your deductible
* Your Network (In or Out)

Failure to comply with this suggestion could result in you, the patient, being responsible for all costs incurred.

Please remember that your insurance policy is between you and your insurance company. If you have a co-payment it must be made at the time of service.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Patient or responsible party’s signature | Date |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Witness (Elite Employee) | Date |