

Health Insurance Election

(Accident and Non-Accident Cases)

How would you like for us to handle your health insurance? Please choose one:

Option 1 -- I Do Not Have Health Insurance / I Don't Want You to File My Health Insurance

I want the services we discuss, but either I don't have health insurance or I don't want you to bill or submit paperwork to my health insurance. You may keep any health insurance, which I do have, on file as set forth in your Financial Policy. I understand that if my claims or forms are not submitted to my health insurance in a timely manner, my payer may decline to pay on my claims and I may not be able to appeal this decision.

Option 2 -- I Want You to File My Health Insurance and Also to Help Me Verify My Benefits. To Help You Get Paid, I'll Make Partial Payments and/or Sign an Assignment & Financial Policy

I want the services we discuss, but I also want you to bill my health insurance for an official decision on payment. Please help me verify any Terms of Non-Coverage. If I have any questions, I will verify my coverage on my own. I understand that I may ask to be paid now for estimated co-pays, co-insurance, deductibles and other Non-Covered amounts. I understand that these are just estimates. In the event that my health insurance delays or Denies Payment, I will be responsible for payment as described in your Financial Policy, but I understand that I will be able to appeal to my health insurance following its directions.

Option 3 -- I Want You to File My Health Insurance, But I'll Pay in-Full at the Time of Service or Pre-Pay. If Insurance Pays, You'll Give Me a Refund

I want the services we discuss, but I also want you to bill my health insurance for an official decision on payment. However, I understand that I will be asked to pay for services rendered to me now. If my health insurance does pay, you will refund any payments I made to you, less co-pays, co-insurance, and deductibles, and also discounts (Mandatory Fee Reductions) as described in your Financial Policy. In the event that my health insurance Denies Payment, I can appeal to my health insurance following its directions.

Important: I understand that in certain circumstances, the Office may have a policy of not filing health insurance or law may actually control or regulate the filing of insurance. This election will remain in effect until a new election is signed with the Office's consent. This election supersedes any prior health insurance election.

Patient Signature: _____ Date: ___/___/___

Patient Name: _____