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IMPORTANT INFORMATION REGARDING INSURANCE BILLING

Our doctors are here to provide you with the best medical care. Their primary concern is your health and well being, not your insurance company. Therefore, it is the patient's responsibility to be aware of what their policy covers.

It is very important for you to read your insurance policy very carefully. As we participate with numerous insurance companies and each company has many different plans, it is very difficult for us to be aware of each patient's particular coverage. You will receive a bill if the service is one that is not covered under your policy. It is very important that you are familiar with the benefits and policies of your insurance.

I have read the above and understand that I am responsible for knowing the coverage and benefits of my insurance policy, as well as choosing a reference lab that my insurance company participates with.

Signature

Date

- Please turn to the back of this page -

In order to control your cost of billings, we request that co-payments for office visits be paid at the conclusion of each visit. Previous balances are requested to be cleared at the time of your visit.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is no substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance.

Authorization for Release of Information for Medicare Beneficiaries

I authorize Interventional Cardiologists of Gainesville to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or other carrier any information needed to process a Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

I request that payment of authorized Medigap benefits be made on my behalf for any services furnished me by Interventional Cardiologists of Gainesville. I authorize Interventional Cardiologists of Gainesville to release to my Medigap insurer any information needed to determine these benefits or the benefits payable for related services.

Signature: _____ Date: _____

Relationship to Patient: _____

Authorization for Release of Information

I authorize Interventional Cardiologists of Gainesville to release any information necessary to process claims. I also authorize payment directly to Interventional Cardiologists of Gainesville.

Signature: _____ Date: _____

Relationship to Patient: _____

If you would like for us to share your medical records with anyone other than you, please list those physician's offices or individuals below.

I authorize Interventional Cardiologists of Gainesville to release my medical records to:

Institution or Physician: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature: _____ Date: _____

Relationship to Patient: _____