

Anaheim Yorba Linda Medical Group

PPO Eligibility Waiver

Billing Policy

Patient's Name _____ understand I am eligible for benefits through

Insurance Carrier _____ as of _____ Effective Date

As a courtesy to all of our patients we employ the use of an outside billing service and will bill your insurance carrier for all services rendered. Our billing service will make every attempt to collect on all covered services and they are available to answer any questions or concerns you have regarding your account. If your deductible has not been met for the current year, payment in full for services rendered is expected at time of service. All patient co-payments are also due at time of service. As a courtesy, our billing service will bill you for all co-insurance amounts due and for all non-covered services not paid by your insurance plan.

Please read the financial agreement below carefully and sign.

I understand that it is my responsibility to know which physicians, facilities, and hospitals are covered under my insurance plan. I understand and agree that health and insurance policies are an arrangement between an insurance company and myself. Regardless of any insurance or other arrangements, I understand and agree that all services rendered to me are my financial responsibility and that I am personally responsible for payment on all services rendered to me, except when hardship warrants, at the sole discretion of the doctor, accounts past due may be referred for collection action. If suit is instituted, I further agree to pay all costs and reasonable attorney's fees. I have read this form, certify the accuracy of information I have given and understand its contents.

Subscriber's Name

Signature (or person responsible if patient
is a minor)

Patient's Name

Date

Insurance Policy Number

Insurance Plan Group Number

If you wish to make other arrangements, ask the receptionist.