

**OFFICES OF:
DRS. DAVID ELIAS, JASON HIGGINS, & PATRICK ELLENDER
NOTICE OF PATIENT FINANCIAL RESPONSIBILITY**

Dated December 01, 2009

PLEASE BE ADVISED THAT OUR PATIENT BILLING & COLLECTION POLICY HAS CHANGED. WE WILL GLADLY FILE YOUR PRIMARY & SECONDARY INSURANCE ON YOUR BEHALF BUT REQUIRE THAT PATIENT FINANCIAL RESPONSIBILITY IS PAID IN A TIMELY MANNER.

IT IS YOUR RESPONSIBILITY TO LET US KNOW OF ANY CHANGES IN YOUR INSURANCE COVERAGE. YOU MUST PROVIDE OUR OFFICE WITH A COPY OF YOUR CURRENT INSURANCE CARD(S) AND STATE ISSUED PHOTO ID OR DRIVER'S LICENSE.

COPAYMENTS & COINSURANCE ARE DUE AT TIME OF SERVICE.

OUTSTANDING PATIENT BALANCES MUST BE PAID PRIOR TO NEW APPOINTMENTS BEING MADE.

ALL OUTSTANDING PATIENT BALANCES, DEDUCTIBLES, COINSURANCE, & ESTIMATED DEPOSITS MUST BE PAID AT LEAST 3 DAYS PRIOR TO ELECTIVE SURGERY. OTHERWISE, THE SURGERY IS SUBJECT TO CANCELLATION.

WE WILL COORDINATE WITH YOUR EMPLOYER FOR WORK RELATED INJURIES. IT IS THE PATIENT'S RESPONSIBILITY TO LET US KNOW IF A VISIT IS WORK RELATED.

WE DO NOT COORDINATE WITH THIRD PARTY LIABILITY (EX: MVA). WHEN A THIRD PARTY IS INVOLVED, PATIENTS ARE CONSIDERED SELF PAY. IT IS YOUR RESPONSIBILITY TO INFORM US IN WRITING IF YOUR VISIT IS THE RESULT OF A THIRD PARTY LIABILITY. IF CLAIMS ARE ERRONEOUSLY FILED TO YOUR HEALTH INSURANCE OR RETROACTIVELY REVERSED, THEN THE LIABILITY BECOMES THAT OF THE PATIENT.

INTEREST, PENALTY, COLLECTION COSTS & LEGAL COSTS INCURRED IN ORDER TO OBTAIN PATIENT PAYMENT BECOMES THE RESPONSIBILITY OF THE PATIENT/GUARANTOR.

Patient Name

Patient/Guarantor Signature

Date