

MEDICAL INFORMATION RELEASE TO FAMILY/ FRIENDS

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INSURANCE AND FINANCIAL RESPONSIBILITY

It is your responsibility to know the individual insurance coverage that you have elected to use for your medical needs. Your insurance policy is contract between you and the insurance company and not between your insurance company and your doctor.

The constant changes in the Health Care field, a great variety of insurance policies as well as the HIPPA privacy requirements for patients, may prevent our staff from interpreting your individual policy prior to billing the charges for services rendered. In addition, all insurance policies have exclusions and exceptions. Most policies have *deductibles, co-payments and out-of-pocket expenses*.

Managed care patients – you must present a referral from your primary care doctor prior to appointment. We are not able to procure one for you.

Workman’s Compensation patients – all referrals must be in writing and include your claim # and a case worker name and phone number.

I have read the above statements. I authorize the payment of medical benefits to the Friedman Surgical Group, PC. I agree to pay the patient balance of co-payments, deductible, out-of-pocket expenses that are not covered by or not paid in full by my insurance health plan. I understand that such payments are due at the time of the service or immediately upon presentation of the bill.

_____ DATE _____

PATIENT/ RESPONSIBLE PARTY
IF INSURED IS A MINOR, ASSIGNMENT MUST BE SIGNED BY A PARENT OR GUARDIAN

Revised: 04/30/2020