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Obstetrician & Gynecologist

Insurance Authorization

I authorize my physician's office to file claims to the insurance company on my behalf, and in so doing, I authorize any release of medical information that is required by the insurance company in processing my claim.

I agree to notify the office immediately of any insurance changes.

I understand that I still have the responsibilities of following through with my insurance company, if there are any questions. I accept that I am responsible for understanding my own insurance policy and the type of coverage I have. I will pay for any charges that I am responsible for, including co-pays and deductibles. If the insurance company finds me responsible for various uncovered procedures, I will make the appropriate payment to my physician's office in a timely fashion.

I am aware that my physician's office will try its best to help me with any problems, but I understand that this is a courtesy provided by my physician's office.

I will obtain any referrals that are necessary prior to my receiving service, if my insurance company requires me to do so. My physician's office will try to obtain any insurance authorization required for office procedures and surgeries, prior to the scheduled procedure or surgery date.

If I am being seen for problems with **infertility** (I am less than 35 years old and trying to conceive for one year or more I ^{am} 35 years or older and trying to conceive for six months or more), I understand that the doctor's office must obtain authorization from the insurance company, **prior** to my being seen. In such a case, I will try to check my insurance coverage regarding infertility, as well.

I have read the above and agree to abide by this.

Name (print) _____
(patient or responsible guardian)

Signature _____ Date _____
(patient or responsible guardian)