

Place Patient Label Here.

IGO Medical Group
9339 Genesee Avenue, Suite 220
San Diego, CA 92121

Patient Acceptance of Financial Responsibility

IGO Medical Group will bill your insurance company for services rendered as a courtesy. However, you are ultimately responsible for all charges for services rendered. In the event services rendered are not covered by your insurance company, we will require that you remit payment to IGO Medical Group. Additionally, if your insurance company does not remit payment in a timely manner (within 60 days from the time your claim is billed), we will transfer the balance to your responsibility and require that you remit payment to IGO Medical Group for all outstanding insurance balances over 60 days. The outstanding balances may include, but are not limited to:

- Office visit co-payments
- Annual deductibles
- Patient share of costs
- Services that are not covered by your health plan

It is your responsibility to provide IGO with insurance information for all of your health insurance coverage including primary and secondary (if any) insurances. If you fail to provide all insurance information you will be held financially responsible for any charges ultimately denied by your insurer. Secondary insurances may not pay if your primary insurance rejects our claim, if this is the case, you will be financially responsible.

In addition, your insurance company may require an authorization or pre-certification for certain procedures, services, drugs and supplies that will be provided to you. As a courtesy, we will contact your insurance company for authorization for services. However, it is ultimately your responsibility to understand what your insurance policy covers and assure that you have authorization for services. We may request your assistance in following up on our authorization requests and delayed payments. Your assistance in contacting your insurance company will often facilitate a more timely approval of services, prevent delays in treatment, and expedite payment for your services.

Occasionally we experience difficulty receiving timely payment from insurance plans. Our policy is that we will bill your primary and secondary policies. If we do not receive payment within 60 days of the date we bill your insurance, then we will transfer the balance to your responsibility and require that you remit payment to IGO Medical Group. To prevent this, we suggest that you stay in communication with your insurance company to assure they are paying for the services we render. Often, insurance companies are more responsive when they are contacted by their policyholders. In addition, should our billing office contact you for assistance in obtaining payment from your insurance company, your prompt response to their calls would be appreciated. CHMB, our billing service, may be reached at 760-755-5638 and they will work with you in obtaining payment on your claims.

MISSED APPOINTMENTS - If you cannot keep your appointment, please provide our office with 24-hour notice. If you fail to do so, you will be charged \$100.00 for a missed appointment. If you repeatedly reschedule your appointment, you will be charged \$50.00 after the third rescheduled appointment. Fees must be paid before your next appointment is scheduled.

Payment of your co-pay is required on the date of service. Please be sure you have a method of payment with you when you come for your appointment.

I understand and agree that I (or the person named below who is financially responsible for me) am financially liable for all services rendered and will pay my outstanding balance promptly upon receipt of my monthly statements. I understand that any unpaid balances are my responsibility and, if unpaid, will be sent to a collection agency. I also understand that if my insurance plan does not pay IGO Medical Group within 60 days of services billed, the balance will be transferred to my responsibility and payment will be due at that time.

Patient Printed Name

Responsible Party's Printed Name

Patient's Signature

Responsible Party's Signature

Date

Date