



Dear Patient or Legal Guardian:

We ask that you read and sign this because it concerns every patient. Due to the many constant changes in insurance policies, it is no longer an easy task to interpret every individual policy. Although we try to stay on top of the changes, it is not always possible. So, we urge you as the patient to check with your insurance company regarding your policy coverage. **It is your responsibility to know your individual coverage.** Failure to comply with this suggestion could result in you, as the patient or the parent being responsible for all costs incurred during your visit with the doctor. **Your insurance policy is between you and your insurance company, not between the doctor and the insurance policy.**

Some tests that are performed in this office may be subject to your insurance policy's yearly deductible to which you as the insurance holder (patient) will be responsible to pay at the time of the visit. Many insurance companies require referrals from your primary care physician or the insurance company, which you will need to have at the time of your visit so you will not be responsible for the total price of the visit. **You are responsible to obtain the referral at the time of the visit.** Some insurance policies will not allow you to be seen out of network. We can not keep up with the changes and are often unaware of that until it is too late.

Many insurances must use labs that are "in network" (part of the insurance group), which includes many PPO and HMO insurance policies alike. Please call your insurance company and learn more about your coverage, it may save a lot of confusion for you in the long run.

_____ Date: _____
Print Patient Name

_____ Date: _____
Signature of patient or legal guardian

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