



### Coordination of Benefits

Patients who have more than one insurance carrier are required to coordinate their benefits between their carriers. THIS APPLIES EVEN BETWEEN DIVORCED, SEPARATED, OR ANY CASE WHERE THE PATIENT IS COVERED BY MORE THAN ONE POLICY. DUE TO THE MASSIVE INCREASED EXPENSES TO THIS PRACTICE WE WILL NOT BE ABLE TO WORK OUT DIFFERENCES BETWEEN PARTIES WHO SHARE RESPONSIBILITY FOR A CHILD/MINOR/DISABLED PERSON. THESE ARE YOUR RESPONSIBILITIES. WE WILL MOVE ALL BALANCES TO THE PATIENT/RESPONSIBLE PARTY AND SEND A STATEMENT. IF THE ACCOUNT BECOMES DELINQUENT WE WILL TURN IT OVER TO A COLLECTIONS AGENCY. There are regulations that insurance companies follow to determine which policy is primary, secondary, etc.. If the benefits are not coordinated correctly, we may be required to refund any and up to all amounts paid on claims from your insurance company and you will be responsible for the full charges. Medicare, Medicaid and Tri-Care (courtesy filing only) are included and need to be coordinated as well.

By signing below I acknowledge the following:

Please check one, initial and fill in insurance information below:

I have only one insurance carrier. Insurance Name/Policy # \_\_\_\_\_ Initials \_\_\_\_\_

I have two or more insurance carriers and the benefits are coordinated. \_\_\_\_\_ Initials \_\_\_\_\_

Please list each insurance company, the group number and the policy number below:

Primary- \_\_\_\_\_

Secondary- \_\_\_\_\_

Tertiary- \_\_\_\_\_

I have two or more insurance carriers and the benefits are not coordinated and I understand that I will be charged for today's visit in full. It is my responsibility to file my claim with my/my child's insurance

carrier(s) \_\_\_\_\_ Initials \_\_\_\_\_

By signing below I understand that if benefits are not coordinated correctly that I will be responsible for the entire charges for the visit.

\_\_\_\_\_  
Patients Name                      D.OB.                      Responsible Party/Patient Signature                      Today's Date