



**MEDICARE:** Your claim will be filed automatically and our office reimbursed directly. We are a participating physician and assignment is accepted. If you have a Medigap policy as a secondary insurance, that will be filed also. Otherwise, payment of any deductible and/or co-insurance is due at the time of service.

\_\_\_\_\_ Initial

**PPO:** Insurance will be filed on your behalf. However, any co-payment and/or deductible is due at the time of service.

\_\_\_\_\_ Initial

**HMO:** Insurance will be filed on your behalf only if a Preauthorization Form from your primary physician is presented at the time of your visit. However, any co-payment and/or deductible is due at the time of service. If we do not have a Preauthorization Form and authorization cannot be obtained, payment in full for your visit is expected at the time of service.

\_\_\_\_\_ Initial

**ALL OTHER INSURANCE:** Payment in full is due at the time of service unless prior arrangements have been made with our office. We will provide you with a completed claim form in approximately one week from your visit which you can send directly to your carrier for reimbursement.

\_\_\_\_\_ Initial

Benefits vary and your insurance may pay all, some or none of your bill. Please become familiar with your insurance coverage, as you are responsible for paying any charges not covered by your carrier.

**CONSULTANTS IN CARDIOLOGY & ELECTROPHYSIOLOGY, LLC**

**PHYSICIANS ASSIGNMENT OF BENEFITS**

**AND AUTHORIZATON TO RELEASE INFORMATION**

I hereby authorize the submitting physician to release any information acquired in the course of my examination or treatment necessary to process insurance claims.

I assign any benefits payable by my insurance carrier to the provider of services submitting a bill for services rendered.

X \_\_\_\_\_  
Signature of Patient

X \_\_\_\_\_  
Signature of Insured