

**INSURANCE RESPONSIBILITY NOTICE AND CONSENT**

Plaza-Towers Obstetrics & Gynecology will make every effort to assist our patients in understanding the scope of your insurance benefits and the method of determining your coverage. Nevertheless, it is ultimately **your responsibility** to understand your policy, its benefits, and the obligations it places on you. It is not the responsibility of Plaza-Towers Ob/Gyn to verify your insurance coverage or determine which services are or are not covered. Additionally, it is your responsibility to insure that laboratory tests, x-rays, and consultations are covered by your insurance. Therefore, if your insurance denies payment for any reason, the amount owed is your responsibility and must be paid promptly.

*I have read and understand the above information and accept full responsibility if my insurance does not pay for services rendered.*

\_\_\_\_\_ Date \_\_\_\_\_  
Patient Name (Please print name)

\_\_\_\_\_ Date \_\_\_\_\_  
Guardian or Insured Signature (If patient is under 18 years of age)

\_\_\_\_\_  
Guardian or Insured (Please print name)

**PRIVACY NOTIFICATION**

I have received and understand "Notice of Privacy Practices of Plaza-Towers Obstetrics & Gynecology."

\_\_\_\_\_ Date \_\_\_\_\_  
Patient Signature