

This document describes your financial responsibilities for your care.

Insurance

Your insurance policy is a contract between you and your insurance company. It is your responsibility to understand your plan's specific rules regarding covered services, approved providers, referrals, authorizations and out-of-pocket payments. Benefits and coverage rules and policies differ among insurers and even between different plans of the same insurer. Policies and coverage determinations may vary from year to year.

It is your responsibility to verify Dr. Diao is in network with your insurance company. If Dr. Diao is not listed as a contracted provider with your insurance company, we are still happy to accept your insurance and provide you with services. If your policy has out-of-network benefits, your insurance plan may still cover the services provided. However, you may be responsible to pay a different percentage or dollar amount out-of-pocket than if you receive services from an in-network provider. Contact your plan's Customer Service department for further assistance and to verify your benefits and out-of-pocket cost.

You are responsible to notify us of all changes to your insurance coverage. Please bring your current insurance card with you to each appointment, as well as a photo ID such as a driver's license, military ID or government issued ID. It is important to have your correct insurance information on file to help us correctly bill your insurance. You will be responsible for any charges incurred if the information provided is not correct.

I _____ have read and thoroughly understand my financial responsibility for all services rendered. I am aware my insurance contract is between me and my insurance company and I will be billed by my provider for any services rendered not payable.

Signature _____ Date _____