Patient Name: _____ DOB: _____

INFECTIOUS DISEASE SERVICES OF GEORGIA, P.C.
ROSWELL • CUMMING • JOHNS CREEK

Michael P. Dailey, M.D.
David L. Dickensheets, M. D.
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Titu D. Das, M.D.
Manuel D. Rodriguez, D.O.

PATIENT'S INSURANCE OBLIGATION

In order to accommodate the needs and requests of our patients, we have contracted with numerous managed care companies. By doing so, we agree to file your insurance claim in a timely manner and to accept a discounted fee for service, in addition to fulfilling other contractual obligations. It is your responsibility to contact your insurance company to verify that we are on your particular plan.

We rely on you to give us the correct insurance information needed to file your claim properly. For this reason, we will ask you to present a copy of your insurance card at every visit. You will receive an explanation of benefits (EOB) from your insurance company when your claim is processed. This should take no longer than 30 days, but some insurance companies delay up to 90 days. Please review the EOB and if you find any errors, i.e., processed out of network or denied for lack of referral, please contact your insurance company first and then notify our business office. If you do not receive an EOB within 60-90 days, you should contact your insurance company to verify that they are indeed processing your claim. The #1 response we receive when we status an insurance claim is that the claim is not on file. We can assure you that we file the claim within days of your office visit.

In addition, it is impossible for us to know all the individual requirements unique to the specific contract your employer has made with your insurance company. Some contracts exclude particular lab tests, require you to use a specific lab for blood work, deny screening tests or wellness visits, or require precertification for particular x-rays. You can only help yourself by becoming as familiar as possible with your benefits. You need to know your particular insurance plan. By becoming an informed consumer and assuming an active role in your healthcare, you can prevent unexpected personal expenses.

In the event that a non-covered service is performed, we will expect that you personally assume responsibility for payment of your medical care.

I _____ have read this insurance statement and agree to accept
(print name)
responsibility as described above.

_____ _____
Patient/Guardian Signature Date

_____
Relationship if Other than Patient