

# INSURANCE COVERAGE WAIVER

Knowing your insurance coverage is between you, the patient and you Insurance Company. The physician and staff of West Bloomfield Internal Medicine are not responsible for knowing your benefits. Any prior authorizations for ordered procedures are handled by the staff and reported back to the facility location. Authorizations are not a guaranteed coverage for services/test performed. Please check with your policy and if unsure of your benefits please contact member services at the number that is found on the back of your insurance card.

You understand that certain medical carriers can deny payment for certain tests. Annual physical exams may have guidelines on how often they can be performed as well as restrict certain routine screenings. Please verify with your insurance company in advance, as it is your responsibility to know what services may not be covered.

I also agree to be personally responsible for any preset copays, deductibles, or co-insurances my insurance may have. I will pay those costs at the time of each visit.

By signing this waiver, you, the patient agrees to all the above.

Patient Printed Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_