

Debra Jaliman MD

Patient Financial and Insurance Agreement

We are committed to providing you with quality medical care, our professional fees have been determined through careful consideration, and we believe these fees are reasonable and reflect other area physician's charges. We are pleased to discuss with you any questions you may have concerning your bill or charges before your service is completed.

Our office will file claims directly with your insurance carrier for services where covered benefits have been verified. Insurance verification does not guarantee your insurance will pay for services. Payment of co-insurance, co-pays, deductibles or fees for non-covered services, when applicable, is required at the time of service. Currently we participate with the following: Aetna, Cigna, Blue Cross Blue Shield, Oxford and Medicare.

Each time you make an appointment, it is your responsibility to make sure the physician is currently under contract with your plan and you have obtained the necessary referrals when needed. Verification of your plan benefits/coverage is required. Often this verification requires us to share the reason for your visit with a managed care plan.

We accept assignment of Medicare benefits. However you may be asked to sign a waiver to acknowledge your understanding of your responsibility to pay for services not covered by Medicare.

For your convenience, we will be happy to accept your personal check, cash, Visa, MasterCard, American Express and Discover for payment of your services. Personal checks will be verified electronically and you will be required to leave an alternate method of payment. Additional fees will be assessed to your account for all returned checks and late payments.

I have read, understand and agree to the above office and financial policies. I hereby attest that I have given accurate information regarding my insurance and demographics and understand that I am solely responsible for payments not made by my insurance company or non-covered services.

If you would like to leave your credit card on file you are more than welcome to do so. This will ensure that any balance owed is paid accordingly.

Credit Card Number: _____

Exp: _____

Sec. Code: _____

Patient Signature

Print Name

Date