

Patient Financial Responsibility Disclosure Statement

Your signature below forms a binding agreement between Shrewsbury OB/Gyn, P.C. and the Patient who is receiving medical services, or the Responsible Party for minor patients. Responsible Party is the individual who is financially responsible for the payment of medical bills.

All charges for services rendered are due and payable at the time of service.

MEDICAL INSURANCE: We have contracts with many insurance companies, and we will bill them as a service to you. As the responsible party, you are responsible if your insurance company declines to pay for **any reason**.

The person signing on behalf of themselves or the Patient as the Responsible Party must:

- Inform our office with changes to contact information
- Present all **current** insurance cards prior to each visit
- Pay any required co-pay at the time of the visit
- Call your insurance company to find out whether the MD you are seeing is a contracted provider with your health plan and if you have any additional costs such as co-pays, co-insurance and/or deductibles
- Pay any additional amount billed after the services were rendered with in 30 days unless a payment agreement is set up between the Practice & the Responsible Party
- Contact Quest Diagnostics with any lab service fee questions

SELF PAY PATIENTS: We offer discounted prices to Patients with out active insurance coverage that pay in full on the date of service. Any lab fees will be applied separately from Quest Diagnostics.

Non-Payment on the Account will result in collection proceedings.

By signing below, you agree to accept full financial responsibility as a Patient who is receiving medical services or as the Responsible Party for a minor patient. Your signature verifies that you have read the above disclosure statement, understand your responsibility and agree to the terms.

Signature of Patient or Responsible Party: _____

Date: _____