



PATIENT RESPONSIBILITY

Having the correct information at all times is very important to us. Most insurance companies have a timely filing period of 60 days. If we are given inaccurate information, and bill the wrong insurance, it could affect the filing time limit with the correct carrier. So, please, any time you have new information, let us know immediately. Thank you for your diligence.

I am aware that all the insurance information I have provided R & T Medical P.C. is accurate and up-to-date. I am also aware that I am responsible to follow all the rules and regulations, as well as benefits and restrictions that are implemented by my insurance carrier. Due to variable insurance contracts, not all procedures and immunizations are covered. If my insurance does not cover my visits for any reason, I am responsible for the payment within 30 days of the denial.

I understand that all cancellations require 24 hours notice. Failure to notify our office as stated will result in a \$25 charge for a regular appointment and a \$50 fee if the appointment is for a physical exam.

Print Name: _____ Date: _____

Patient Signature: _____