

INSURANCE POLICY HOLDER CONTRACT

Please understand that we have no affiliation with your medical insurance company. Given the complexity of the hundreds of different insurance plans out there, any information that we have regarding your insurance benefits MAY NOT BE CORRECT. Even if you were told or we were told that your visit is covered by your insurance, IT MAY NOT BE. Thus, please read the following.

1. You are responsible for all Member Expenses, such as copayments and deductibles at the time of each visit.
2. If for any reason your insurance company fails to pay for services provided to you by Dr. Nguyen, you are responsible for the costs of the visit.
3. If your insurance policy was changed, or it was terminated without your knowledge, you are still liable for your outstanding balance, including the costs or penalties that may have incurred.
4. Your medical records may be requested by your insurance carrier at any time to perform utilization management and quality improvement activities. You agree to give consent to release your medical records in the event that it is requested by your Insurance Provider .
5. You, not the insurance company, are responsible for all charges not associated with the office visit and any related charges that are outlined on the Treatment Contract (i.e. bounced check fee, no show fees, after hours communications fee, legal fees, medical records requests, pre-authorization forms etc.)

I have read and understand my responsibilities for payment even though I have Health Insurance and failure to pay my balance can result in termination of treatment.

Patient signature

Date

Printed Name

Date of birth