

## ***GREAT LAKES PHYSICIANS***

### **Statement of Responsibility:**

Having insurance is not a substitute for payment. Many insurance companies have fixed allowances based on your particular contract with them and not necessarily with this office. It is therefore your responsibility to pay the deductible, co-insurance, and any other balances not paid by your insurer.

### **Assignment of Benefits:**

I authorize the release of all medical information necessary to process insurance claims on behalf and all that is pertinent to my medical care. I authorize the assignment of benefit payment to which I am entitled to Bellevue Professional Services Inc. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

### **To All Patients:**

If you have a pap smear or any lab work performed during your visit, you must tell your nurse to what participating facility we can send your test. Every insurance company has different guidelines. We cannot be responsible for lab work that is sent to a facility that does not participate with your insurance carrier.

It is your responsibility to pre-certify any procedure ordered in this facility including Mammograms, Ultrasounds, CT scans, etc. You must know and utilize the facility that is covered by your insurance. We are not responsible for any changes incurred for not following the rules set forth by your insurance plan.

### **Consent:**

I voluntarily consent to receive all such medical treatment that my provider considers to be beneficial to me. I understand that this care may include diagnostic tests, examinations, medical and surgical treatment. I am aware that the practice of medicine is not an exact science, and I hereby acknowledge that no guarantees have been made to me as to the results of treatment and examinations provided.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient or Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_