

ACKNOWLEDGMENT OF RESPONSIBILITY

We will file a claim directly with your insurance company for services rendered today. After the insurance company processes the claim, any remaining amount not covered by your insurance company will be your responsibility. In order for us to do this we must have the appropriate insurance information, referral, and/or authorization dated prior to your visit with Cary Cardiology, PA.

Please be aware that some insurance plans may require a referral, and/or authorization prior to your visit. If this is not received by Cary Cardiology, PA before your visit, you may be financially responsible for all or some of the charges incurred today. Your insurance is the one that requires a referral and/or authorization for medical service to be rendered not our office. Without it, all charges will be denied and payable by you.

Thank you for understanding and we encourage you to follow up with your primary care doctor directly to ensure that we have received the referral today.

By signing below, you are acknowledging you are financially responsible for any charges not covered by your insurance for your visit today.

Patient/Representative Signature:	Date:	

Place Patient Sticker Here