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## **RESPONSIBILITY AGREEMENT**

We will automatically submit bills to your primary and secondary insurance companies for all services rendered if you provide us with complete insurance coverage information. You must provide us with accurate and current insurance company names and addresses to which claims are to be mailed, policyholder names, subscriber numbers and group numbers. It is your responsibility to keep us informed of any changes. If your insurance company requires the use of special claim forms, you must also provide us with these forms.

We will bill you for your charges in full if we do not hear from your insurance company within sixty days from the date of service. We do expect payment at the time services are rendered for the co-payment or co-insurance portion of the charge or the charge in full if your deductible has not been met. You will receive monthly statements if there is a balance due on your account. It is the responsibility of the patient or the responsible party (spouse/parent/legal guardian) to ensure that we are paid within thirty days from the date of service. Patients are expected to keep their accounts current while awaiting insurance company payment. This office cannot accept responsibility for collecting from your insurance or for negotiating a settlement on a disputed claim. If you have not provided us with complete, accurate and up to date information about your insurance coverage you will be responsible for payment of the total amount. If you have any questions, we will of course assist you, however, the level of insurance company payment is determined by the insurance company and the terms of your insurance contract. The patient or responsible party remains ultimately responsible for all charges for services rendered.

If you are enrolled in a POS (Point of Service) plan or HMO (Health Maintenance Organization), you are required to obtain a valid referral form for authorization of treatment. This is your responsibility. If you request treatment and you do not have a valid referral, we will still treat you if you desire, however, you will be responsible for all charges incurred.

WE ACCEPT ASSIGNMENT ON MEDICARE INSURANCE CLAIMS. We will submit all charges to Medicare for you as well as your secondary carrier.

Our usual and customary fee will be charged for additional itemization of services beyond your monthly statement. A service charge will be assessed to your account for all checks returned unpaid from your bank. All accounts are considered payable within thirty days from the date of service.

I REALIZE THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED. I HAVE READ AND FULLY UNDERSTAND THE POLICIES AND PROCEDURES OF MORELAND EAR NOSE AND THROAT GROUP. I AUTHORIZE THE RELEASE OF INFORMATION FOR THE PURPOSES OF PAYMENT OF INSURANCE BENEFITS AND HEREBY ASSIGN INSURANCE BENEFITS DIRECTLY TO MORELAND EAR NOSE AND THROAT GROUP.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Responsible Party's Name \_\_\_\_\_

Responsible Party's Signature \_\_\_\_\_

Effective Through: \_\_\_\_\_ Date Signed \_\_\_\_\_