

Michele R. Beck, M.D



Obstetrics
Gynecology
Infertility and Tubal Microsurgery
Laser Surgery
Anti-Aging Medicine

Please read and sign this form as it concerns you, the patient.

YOU ARE RESPONSIBLE FOR YOUR INSURANCE POLICY

Due to the many changes in insurance policies, we cannot be responsible for interpreting each individual policy. It is your responsibility to know your individual coverage and its limitations, as who is a provider on your plan. We urge you to check with your insurance company regarding your benefits because failure to comply could result in you, the patient, being responsible for all cost incurred. Please remember that your insurance policy is a contract between you and your insurance company. It is your responsibility to know or find out whether or not we are providers for your specific network.

REFERRALS

If you need a referral from your insurance company or from your Primary Care Physician to be seen in this office, the referral must be present at the time of your visit. If it is not available it will be your responsibility to obtain one. Consequently, you may be required to reschedule your appointment should a referral not be available.

NON-PARTICIPATING PROVIDER POLICY

If we are not a provider with your insurance company, we will collect our fees in full at the time of service.

YOUR FINANCIAL RESPONSIBILITY

You are responsible for payment of any co-payments, co-insurance, deductibles, etc. at the time of service. Because we are a specialist some diagnostic/invasive procedures are not considered part of your office visit co-payment and may be applied to your deductible and/or co-insurance. Please call your insurance company and learn about your coverage to avoid confusion.

CANCELLATION AND NO SHOW POLICY

Cancellations: We understand that situations arise in which you must cancel your appointment. We therefore request that if you must cancel your appointment you provide us with at least 24 hours notice so we may have time to offer that time slot to another patient waiting for an appointment.

No Shows: Patients who simply do not show up for their appointment without a call to cancel will be considered as NO SHOW and a fee of **\$25.00** will be charged. This fee is required to be paid in full before the patient's next appointment. We understand that Special/Unavoidable circumstances may cause you to miss an appointment. In this instance the fee *may* be waived but only with management approval.

Patient Name (Print)

Patient Signature

Date