SPECIALIZING IN HIGH RISK OBSTETRICS AND GYNECOLOGIC LAPAROSCOPY
3000 SW 148 AVENUE, SUITE 114
MIRAMAR, FLORIDA 33027
T: 954.499.7944 * F: 954.538.0767

Statement of Financial Responsibility/ Assignment of Benefits

I acknowledge that I am legally responsible for all charges in connection with the medical care and treatment provided Miramar OB/GYN, LLC. I authorize payment to Miramar OB/GYN, LLC. I understand my insurance carrier may not approve or reimburse my medical services in full, due to usual and customary rates, benefit exclusions, coverage limits, and lack of authorization or medical necessity.
I understand that I am responsible for paying my provider directly for any policy deductibles, co-insurance or co-payment **within thirty (30) days of service.** Failure to meet these obligations may affect my credit history. I also understand that I will be responsible for any costs resulting in my failure to pay, such as collection fees by Miramar OB/GYN, LLC representative. **Presenting an invalid insurance card will result in full responsibility of payment by me.** I understand that if I do not have an authorization for a visit and my insurance requires one that I may be responsible for the full charges of that date of service. If for any reason I cannot make the full required payment, I understand that it is my responsibility to call Miramar OB/GYN, LLC and make advance arrangements.

OB PATIENTS FINANCIAL RESPONSIBILITIES

We will inform you on your second appointment with us what your maternity benefits are. You will be given a break down of those benefits showing any co-payment, co-insurance and deductible you will be responsible for. We will expect payment for these deductions by your **28th week of pregnancy,** we collect these payment ahead as Miramar OB/GYN, LLC, is the first to bill your insurance for services rendered which makes our charges the first to be applied to your deductible.

POLICY OF STATEMENT CHARGES

Insurance co-payments, co-insurance and deductibles are due at the time of service. After ninety (90) days your account will be turned over to collections and sadly you will no longer be able to be seen here at Folsom OB/GYN.

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Patient Signature Date

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Print

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Signature of Parent or Guardian Print