

Patient Name: _____

FOR ALL MANAGED CARE (HMO, PPO, ETC.) PATIENT:

I hereby assign all medical benefits, including major medical benefits, to which I am entitled to be paid directly to **Dr. Stefan Iorga**.

Since **Dr. Stefan Iorga** is a contracted physician with managed care insurance plans, we have agreed to file with your insurance plan for reimbursement and to honor your insurance company's fee schedule. However, it is important that you understand that ANY services NOT COVERED by your insurance company will be billed to you. It is ultimately your responsibility to ensure that any services rendered to you are covered by your particular policy. Too often we hear, "all I pay is my co-payment and I'm not responsible for anything else." That is False! Some services may not be covered by your plan, some may be subject to a deductible, others are only partially covered. You will be responsible for the payment of such UNCOVERED SERVICES and/or the associated deductible. One example of services that may not be covered would be cosmetic procedures such as non-irritated skin tags, some benign lesions, facial peels, etc... Feel free to inquire about the cost of any procedure that may not be covered.

If you have any questions regarding coverage, deductibles, etc., please contact the director of benefits at your insurance company, or your carrier directly for assistance. If time allows, we will make every effort to verify your insurance coverage on your first visit, and if it is possible for our office to investigate which services are covered or non-covered on your plan, we will be happy to do so on your behalf.

If you are a member of a plan in which you must choose a "Primary Care Physician", it is your responsibility to select such a physician prior to your first visit with him/her. If you have not done so, your visit may not be covered and you will be responsible for payment in full.

I understand that my insurance company may not cover certain services that I will be receiving from Dr. Iorga. I also understand that I will be Responsible for paying for such services as well as any deductibles and copayments.

We are currently noticing an increase in all forms of deductibles. You Insurance Company may have separate Med., Surg., and Lab deductibles. If while in our office we remove a lesion for biopsy you may get billed for the visit and lesion removal from our office. And you will receive a separate bill from the Pathology office, where the specimen is sent for testing. In addition,if we order blood tests, you may get a separate bill from the facility that drew the sample and ran the tests. Please be advised the bills received from Pathology or Lab, are invoices separate from those of our office and must be paid to the company that billed them.

Patient/Legal Guardian Signature

___/___/___
Date

Patient/ Legal Guardian Print

___/___/___
Date

Witness