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DETERMINING YOUR FINANCIAL RESPONSIBILITY

PATIENTS NAME (please print): _____ **DOB:** _____

These are a list of terms that describe your (the patient's) portion of the medical bills.

Co-payment: A cost sharing arrangement in which the patient pays a specific amount for a service. Co-pay amounts vary depending on a particular plan and are usually for specific services such as office visits, emergency room visits or prescription drug.

Deductible: The amount the patient must pay annually before the insurance company will pay any expenses.

Out-of-pocket (coinsurance): The amount not reimbursed by the insurance company that is the patient's responsibility, such as deductibles, co-insurance, or co-pays. Coinsurance works after your deductible is paid.

IMPORTANT TO KNOW...

Our office bills your insurance company as a courtesy. Regardless of what type of insurance plan you may have, your **medical bill is ultimately your responsibility.**

Our billing office can answer any questions you have regarding your billing statement and set up a financial arrangement when necessary.

YOU WILL RECEIVE SEPARATE BILLING FOR LABS IF YOU ARE SELF-PAY OR DEPENDING ON YOUR INSURANCE PLAN.

Things to remember:

- Notify our office immediately with any changes to your insurance, address, and phone numbers.
- Bring a copy of your current insurance card to office visits.
- Be prepared to pay any co-pays, co-insurance or deductibles at the time service is rendered.
- Your insurance plan may require that you use certain hospitals or outpatient facilities.

Please feel free to email us at **bridgepointclinic@outlook.com** for more questions or concerns.

Relationship to patient: _____ Today's Date: _____

Patient/Guardian Signature: _____

Financial Responsibility – April 1, 2021