

Patient Financial Agreement

NON COVERED SERVICES

I understand that Meier & Moser Associates PC contracts with health care service plans and well vision plans that relate only to items and services which are "covered" by the health care service or well vision plan.

Accordingly, the undersigned accepts full responsibility for all items or services, which are determined by the health care or well vision service plan not to be covered. Examples of non covered services include, but are not limited to, services not specified as being covered in the patient's contract with their health service or well vision service plan, or in the benefit summary that the plan provider furnished to the patient.

HMO REFERRALS

If your insurance has designated a primary care physician {PCP}, you are required to have prior authorization from your PCP prior to your office visit. If the authorization is not provided, whether by yourself or through your insurance carrier, you will be asked to either reschedule your appointment or pay your visit at the time of service.

NON PARTICIPATING INSURANCE ACCOUNTS

The financial obligations of patients who are insured by carriers with which Meier & Moser Associates PC does not participate in are considered self pay. It is your responsibility to inform Meier & Moser Associates PC of any changes with your insurance carriers, to confirm the practice's participation and your eligibility prior to each visit. The undersigned agrees that I am individually obligated to pay the full charges of all services rendered to me by Meier & Moser Associates PC if I belong to a plan in which Meier & Moser Associates does not participate.

RETURNED CHECKS

All returned checks will be assessed a \$35.00 fee.

Signature of Patient or Authorized Party

Date