



In case of emergency, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Any alternate #'s where Emergency Contact may be reached: \_\_\_\_\_

How did you learn about Dr. Roberts? \_\_\_\_\_

If directly referred by another Physician, what Physician? \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_

Policy#: \_\_\_\_\_

Secondary Insurance Carrier: \_\_\_\_\_

Policy# \_\_\_\_\_

In order to establish optimal relations with our patients, and to avoid misunderstanding and confusion regarding our payment policies, our Staff is trained to consistently inform you of the financial payment policies of this office.

Our office submits claims only to Medicare. All other insurances, including secondary insurances, are considered private. Payment of any un-met deductible, co-payments, or non-covered/cosmetic procedures will be collected at the time of service. Claims submission to private or secondary insurances is the responsibility of the patient. If you are on a secondary insurance plan, which does not automatically coordinate benefits with Medicare, you are responsible for either submitting the information necessary for your secondary insurance to pay their portion directly to Dr. Roberts, or for paying the balance and then submitting to your secondary for your reimbursement.

Payment in full is required for all services at the time they are rendered. We accept payments in the form of: Cash, Check, MasterCard, Visa or Discover.

**Assignment:** I hereby assign my benefits directly to Wendy E. Roberts, M.D.

**Release:** I authorize Wendy E. Roberts, M.D. to release to my Insurance Carrier(s) any information required to process claim(s) from services rendered to me.

My signature below signifies my understanding and willingness to comply with these policies.

Acknowledged: \_\_\_\_\_ Date: \_\_\_\_\_