
PATIENT REGISTRATION FORM: GENERAL FINANCIAL POLICY

SOUTHWEST INTERNAL MEDICINE GROUP (SWIMG)/ROBERTO RUIZ, MD PARTICIPATES WITH MAJOR INSURANCE CARRIERS HOWEVER, WE MAY NOT PARTICIPATE WITH THE NETWORK UNDER YOUR PLAN NOR WE KNOW INSURANCE COVERAGE DETAILS OF EACH INDIVIDUAL PLAN. SWIMG WILL MAKE REASONABLE EFFORTS TO VERIFY ELIGIBILITY AND BENEFITS PRIOR TO SERVICES BEING RENDERED, HOWEVER, THE INFORMATION OBTAINED FROM THE INSURANCE CARRIER DOES NOT GUARANTEE PAYMENT OF BENEFITS, NOR THAT THE TREATMENT, SERVICE(S) AND/OR SUPPLY(IES) PROVIDED ARE COVERED BY THE INSURANCE CARRIER.

IT IS THE RESPONSIBILITY OF THE POLICY HOLDER/PATIENT TO VERIFY PHYSICIAN INSURANCE/NETWORK PARTICIPATION AND INDIVIDUAL INSURANCE COVERAGE DETAILS. IF YOU ARE UNCERTAIN AS TO WHETHER YOUR HEALTH BENEFIT PLAN INCLUDES RECEIVING IN-NETWORK SERVICES OR PRIOR-AUTHORIZATION FROM ROBERTO RUIZ, MD OR THE RECOMMENDED PROVIDERS (SPECIALISTS), LABORATORY, DIAGNOSTIC OR ANY OTHER SERVICE, PLEASE CONTACT YOUR INSURANCE CARRIER.

- **Insurance/Demographic Information.** It is the responsibility of the patient/policy holder to provide the practice with current and accurate information about their insurance carrier(s) and demographic information at time of check-in and/or to notify the practice of any changes.
- **Patient Responsibility.** It is the responsibility of the patient/policy holder to know their co-pay, co-insurance, or deductible and to pay it prior to services being rendered. The patient/policy holder is financially responsible for any charge(s) not covered by their insurance carrier and has read the above disclaimer.
- **Balances.** Any balance due after the insurance carrier has made payment, the patient/policy holder will be mailed up to three (3) statements in an attempt to collect remaining balance. If payment has not been received prior to the third “final” statement, a phone call may be made in an attempt to collect payment. If there is no attempt to make payment within 24 hours, the patient/policy holder’s account will be directed to an outside collection agency and patient will be released from our care.
- **Payment.** We accept payment by cash, money orders, and cashier’s check, debit/credit card (VISA, Master Card, and Discover). The practice may also take a verbal request to use credit card on file for payment on my account or they may also use the same listed credit on my account should my account become delinquent, or to cover a NSF check.
- **Non-sufficient funds (NSF) check.** A \$35 NSF fee plus an administrative fee will apply. Payment by check will no longer be honored and the policy holder/patient will be required to pay with cash, money order, cashiers’ check or debit/credit card.
- **Cancelations/No Show.** A \$25 fee may apply for scheduled appointments not canceled within 24 hours or “NO SHOW” and a \$50 fee for cardiovascular testing (per study).
- **Administrative Fees.** I understand that I responsible for items not covered by my insurance carrier such as injections/immunizations or medical forms (FMLA, letters for school, work, jury service.)
- **Results.** Any test results (laboratory, radiological, or other test results) will be communicated by SWIMG staff to patient over the phone, however, details or medical advice cannot be provided. An in-office consultation with the physician will be required to discuss the result and to effectively address patient questions and/or concerns. Consultations will not be provided over the phone with patient and/or family.

RELEASE OF INFORMATION/ASSIGNMENT OF BENEFITIS

I have reviewed the above General Financial Policy and understand that is not all inclusive of SWIMG’s financial policies.

Patient Printed Name (First, Middle Initial, Last)

Date of Birth

Patient Signature or Legal Representative

Date

Printed Name if Signed by Legal Representative

Relationship to Patient