

OREGON MEDICAL GROUP, PC
NOTICE OF PATIENT RESPONSIBILITY



PATIENT LABEL

Services to be performed _____

Approximate Cost: \$ _____ Condition:/Diagnosis: _____
(Other ancillary services are not included in estimate)

I understand that my health plan may not cover the services listed above. In addition my insurance may deny ancillary services such as lab and x-ray. Covered services are determined by diagnosis related guidelines. My insurance may deny payment for one or more of the following reasons:

_____ My insurance may/may not cover preventive care/screening services including immunizations. I am here today for:

- Routine Preventive Exam (**I have no medical complaint or significant problem/abnormality that I am aware of**).
- Routine Immunizations/Vaccines.
- Administrative Physical (sports, school, work, travel)
- I have a problem/complaint that I wish evaluated/treated by the doctor.

My chief complaint is: _____

_____ I do not have a current referral on file with my health plan for today's visit with an Oregon Medical Group Provider.

_____ My current PCP, as listed with my health plan, is not an Oregon Medical Group provider.

_____ Oregon Medical Group providers are not participating providers on my current health plan.

_____ Eligibility and/or PCP verification for today's service cannot be verified with my health plan at the time of my appointment.

_____ The above services are considered to be a non-covered benefit under my health plan.

_____ My insurance does not cover family planning services.

_____ My insurance requires use of an out of network lab. I choose to have my service done at Oregon Medical Group.

_____ (Other) _____

I have asked Oregon Medical Group to perform the above services and I agree to be personally and fully responsible for payment if the services are not paid by my insurance. *I further agree and understand that this office can only code and file a claim for my visit(s) with a diagnosis that was encountered and documented in my medical record. To ask this office to change a diagnosis solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and may result in a fraudulent act.*

Date

Patient/Guardian