

INSURANCE REFERRAL AND FINANCIAL RESPONSIBILITY WAIVER

Insurance Referral. If your insurance policy requires a primary care physician referral, prior approval or other pre-authorization in order for you to receive services from Milwaukee Surgical Specialists, S.C. it is your responsibility to see that the necessary referral is current and any necessary prior approval or other pre-authorization has been presented to Milwaukee Surgical Specialists, S.C. prior to receiving services. If no required referral, prior approval or other pre-authorization is present in advance, you will be personally responsible to pay for any services rendered to you by Milwaukee Surgical Specialists, S.C. Note that Milwaukee Surgical Specialists, S.C. will use its best efforts to assist you in obtaining the necessary referrals, approvals and pre-authorizations.

Insurance Claims: For your convenience, Milwaukee Surgical Specialists, S.C. will submit claims to all primary and secondary insurance carriers and assign benefits payable for physician and/or physician assistant services to the physician and/or physician assistant furnishing this service. **IF YOUR INSURANCE CARRIER HAS NOT PAID YOUR CLAIM WITHIN 30 DAYS, THE FULL BALANCE MAY BECOME YOUR FULL RESPONSIBILITY AND YOU WILL NEED TO COMMUNICATE WITH YOUR CARRIER TO PROVIDE THEM WITH ANY REQUIRED INFORMATION.** Please remember that your insurance coverage is a contract between you and your insurance carrier and that Milwaukee Surgical Specialists, S.C. is not party to your insurance contract.

Patient's Financial Responsibility: At the time of service, you, the insured, must pay any and all deductibles and/or co-pays. You may be responsible for payment on any claim that is: (1) denied; (2) unpaid due to deductible; (3) partially paid; (4) partially paid due to your insurance carrier's arbitrary determination of "usual and customary" rates; and/or (5) coinsurance. If your claim is involved in litigation and/or is being disputed among insurers, you are still financially responsible. You must pay any balance that your insurance carrier designates as your responsibility.

Uninsured Patients: If you do not have insurance, a deposit of half of the total fee is required prior to the performance of any procedure. You must make payment arrangements on the remaining balance within 30 days of billing. If you feel you qualify for financial hardship assistance, please supply us with authoritative proof (most recent income tax return) of financial need.

Delinquent Accounts: In the event that we must take legal action to collect an unpaid account, the patient or the responsible party must pay Milwaukee Surgical Specialists, S.C. costs of collection, including attorney fees. After an account is sent to a collection agency/attorney, all further services must be paid in cash, in full, prior to the receipt of the service.

PATIENT AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby authorize payment of health insurance benefits directly to Milwaukee Surgical Specialists, S.C. for services furnished me. I authorize the release of any of my medical information necessary to process my claims. I further authorize the release of my medical information to other physicians, hospitals and other health care providers and facilities involved in my treatment.

I understand, acknowledge and agree that I am financially responsible for my deductible, co-insurance and any amount exceeding what my insurance company pays except where exempt by contractual agreement. I further understand that I am responsible for complying with any requirements that my insurance carrier may have regarding referrals, prior approvals, pre-authorizations and second opinions.

I HAVE READ THE ABOVE WAIVER, AUTHORIZATION AND ACKNOWLEDGEMENT AND/OR IT HAS BEEN FULLY EXPLAINED TO ME, AND I CERTIFY THAT I UNDERSTAND ITS CONTENTS AND THAT I AM COMPETENT TO EXECUTE IT OR THAT I AM AUTHORIZED TO EXECUTE IT ON THE PATIENT'S BEHALF.

Print Patient's Name: _____

Date: _____

Signature: _____

Witness Signature: _____

(If Legal Representative, provide relationship to Patient)