

# Pink Door Imaging

BREAST & GYNECOLOGICAL IMAGING

## **PATIENT FINANCIAL RESPONSIBILITY**

*I authorize direct payment to be made to Woman's Clinic, PLLC for any and all services*

*Rendered directly from my insurance company\_\_\_\_\_.*

**Insurance Company Name**

*I understand that I am responsible for all charges for services rendered that are not covered by my insurance day of visit. As a courtesy we will submit your claim to your insurance, however this is not a Guarantee of payment. Once a claim is processed and paid by your Insurance, there may or May not be a balance due on your account. Your insurance is a contract between you, your employer and the insurance company. We are NOT a party to that contract.*

Not all services may be covered benefits in all contracts. Your employer selects and defines the services that are covered under your plan. You are responsible for non-covered charges.

**We collect payments based on benefits received at time of service. We make every effort to capture any refund that may be due to a patient in a timely manner, If you believe a refund is owed please contact us and we will gladly review your account and issue a refund when due\***

***We will do our best to make every attempt to collect upfront fees for service, but always subject to the actual processing of the claim by your insurance.***

### **PLEASE NOTE:**

**Biopsy procedures will receive a separate bill from PROPATH LAB**

**\*\*note included in any copays or payments to office visit\*\***

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date