



SIERRA MADRE COMMUNITY MEDICAL GROUP

147 W. Sierra Madre Boulevard, Sierra Madre, CA 91024

Insurance Eligibility Waiver

It is very important that you confirm your insurance information with us before each visit with your physician. It is ultimately your responsibility to know which providers and services are covered by your insurance. Please ask us.

Billing

We need to know your current insurance carrier in order to meet their deadlines for billing our services. If you have changed insurance and do not inform us, we will bill the last health plan that we have in your medical records. When the insurance denies the claim, we will bill you directly for payment and you must seek reimbursement from your current insurance provider.

Referrals

If you have to be referred for services outside our office, your physician will try to direct you to a contracted service covered by your insurance. Otherwise, you may be referred to a non-contracted service which will provide you with the service and you will be responsible for the bill. We are not responsible for non-covered services or for the cost of services provided by a non-contracted provider.

Laboratory Services

Your physician may order some laboratory tests that may benefit you for detecting some health conditions. Your health plan may, or may not, cover these tests. Since each plan has different policies on services covered, the office wouldn't know which tests are covered. If you have any concerns, please make sure to check with your insurance prior to the tests. You will be responsible for the bill from the laboratory for services not covered.

Waiver

I understand that if I am not eligible for insurance benefits for today's visit, I will be financially responsible for the service performed by the physicians of Sierra Madre Community Medical Group.

I understand that if my insurance assigns me a primary care physician (PCP), and that the PCP is not from Sierra Madre Community Medical Group, I will be held financially responsible for the services performed by the physician of Sierra Madre Community Medical Group.

I understand that if I have an HMO plan, the IPA managing the Health plan must be HealthCare Partners/Physician Associates of San Gabriel Valley.

Signature of Patient or Representative

Today's Date

Print Patient Name

Date of Birth