

MidState
PULMONARY

Breathe. Sleep. Heal.

I certify that the copied card below is my current insurance and my current card. I understand even if my insurer has not changed that my billing (not payment but billing) address may change from one month to the next. If I do not present my current card, I understand I may cause the claim to be filed incorrectly. If I cause incorrect filing by presenting the incorrect card, I will be **100%** responsible for my bill. Many insurance companies now have timely filing limits, and they must receive the claim within 90 days of the service date in order to pay benefits. If incorrect information is inadvertently given, please bring a copy of your current card within 30 days of your office visit. We need both the front and back of the insurance card.

I also understand that it is my responsibility to be sure that I have a correct and current referral from my insurance company for each of my office visits. It will be my responsibility to contact my primary care physician and get the referral to the specialist's office before my appointment. Insurance companies that require current referrals will not pay benefits without it.

We will bill two insurance companies for you but it is ultimately your responsibility if for some reason your insurance company does not pay your claim.

By signing below you are stating that you have read the above and have agreed to the terms.

Patient/Responsible Party Signature

Date

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