

IMPORTANT INFORMATION!

Please bring the following items with you to your appointment:

1. CURRENT Insurance Cards
2. Two COMPLETED FORMS included in your prep packet in addition to THIS FORM.
3. A photo ID (i.e. driver's license)

Please remember to call your insurance company to confirm coverage for your procedure(s). It is important to document the date, time, person you spoke with, and to ask for a reference number for the call. Offering the insurance representative the following codes will facilitate the call:

PROCEDURE CODE(S)_____

Ins.Rep.Name_____

DIAGNOSTIC CODE(S)_____

Date_____

Time_____

Reference

#_____

I have called my insurance company to verify the above information.

SIGNATURE_____DATE_____

I have chosen NOT to contact my insurance company and understand I am financially liable for any costs not covered by my insurance.

SIGNATURE_____DATE_____

YOU are responsible for any DEDUCTIBLE/COPAY/CO INSURANCES that may apply. INACCURATE insurance information will result in receiving a bill.

******We are not a part of the HERSHEY MEDICAL CENTER and DO NOT participate in their FINANCIAL ASSISTANCE PROGRAM. If you currently receive financial assistance from the HERSHEY MEDICAL CENTER, please contact us at 717-531-1318**

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