

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 confirm with your insurance company to see if we are in their network. Also confirm your insurance coverage for your procedure(s). Failing to do so may result in a bill. 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 _____

ANESTHESIA PROCEDURE CODE _____
Time _____
Reference # _____

**** NOTE:** If tissue samples (pathology) are sent for evaluation during your exam, you may receive a bill for those services from the hospital. I also understand I (my insurance), will be billed for the professional fees (Doctors charges), by the hospital billing department.

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**

Update

3/4/19