

# Valley Primary Care Physicians Patient Responsibility Notice Form

**Patient Name:** \_\_\_\_\_

Our staff makes every effort to assist you in understanding your health benefits. However, it is impossible for us to know all the many different insurance plan benefits from one plan to another. Therefore, we are providing this Notice to inform you of the following responsibilities as they relate to benefit coverage and payment responsibilities by the patient and Valley Primary Care Physicians.

## Valley Primary Care Physicians Responsibilities:

- Valley Primary Care Physicians is **NOT** responsible for knowing what services are covered by the patient's insurance plan and is not responsible for informing the patient whether a particular service is covered.
- Valley Primary Care Physicians will assist the patient in obtaining payment from his/her insurance company by submitting the necessary insurance claims.

## Patient's Responsibilities:

- It is the patient's responsibility to know and understand his/her own insurance benefit coverage and limits. The patient is ultimately responsible for payment for all services rendered by Valley Primary Care Physicians at the time of treatment, and the patient must pay for any services not covered by the patient's insurance company.
- Patients **MUST** pay their copay at the time of service.
- Patients may incur, and are responsible for payment of additional charges, if applicable. These charges may include:
  - ✓ **Charge for returned checks - \$35.00**
  - ✓ **No Show fee - \$50.00**

By signing below, I hereby acknowledge and understand my responsibilities as a patient of Valley Primary Care Physicians and accept that Valley Primary Care Physicians is not responsible for knowing my insurance benefits for services provided.

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

\_\_\_\_\_  
Date