

## *Insurance Verification – Please Read Carefully*

\*\*Verification of coverage is not a guarantee of payment. Complete Care of Iowa is not responsible for any mis-quotes of benefits. Your patient responsibility will be processed according to the explanation of benefits received from your insurance company.

\*\*It is recommended that you call your insurance company, prior to your visit, to verify your benefits. Complete Care of Iowa is not responsible for checking patient benefits, including any additional lab work or diagnostic imaging. If you have not called your insurance company to check coverage prior to your visit, you must pay in full for services rendered. We advise that, prior to getting any lab work done, or having any radiological imaging performed, that you check your insurance coverage. A radiological imaging or laboratory requisition form does not guarantee coverage. Our billing department will send you an invoice for any visits denied by your insurance company.

\*\*You will be expected to pay your co-pay at each visit, and for any supplements. We do not bill for co-pays. Please be prepared to bring your co-pay to every visit, and stop at the front window to make payments, even if you are not asked to do so.

\*\*By signing below, I acknowledge that I will make a payment at each visit. I hereby agree and give consent, to medical treatment necessary in treating my condition. I authorize the release of any medical information needed to process my claim. I understand that I am responsible for any non-covered charges. Should my insurance change during the course of my treatment, I will provide the office with all necessary information to process my claim. Should I fail to provide this information, and claims are denied as a result, I will be responsible for the denied visits. I authorize payment directly to Complete Care of Iowa.

Date\*

Relationship to Patient:\*

Close