

PLEASE READ, CAREFULLY, THE FOLLOWING INFORMATION. PLEASE SIGN, DATE, AND RETURN UPON COMPLETION.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor, and is not a substitute for payment. Some insurance companies pay fixed allowances for certain procedures; others pay a percentage of the charge. *It is your responsibility to know and understand the details of your insurance plan.* Each plan is different, and is customized to the specifications of the subscriber (typically your employer).

I order labs, prescribe medication, order studies and tests, and make referrals based upon what I believe is in your best medical interest. What your particular insurance plan will or won't pay for does not, indeed should not, drive my decisions. Most of the time, most labs and studies are reimbursed. The amount of reimbursement varies widely and is out of my control.

Some plans pay for preventive care, and others don't. Regardless, I am a strong believer in preventive care. Some plans pay for screening labs, and others don't. I will never order a battery of lab work without reason, but your insurance company and I may not always agree on what is "reasonable." That's okay; they are in the business of insurance, and I am in the business of medicine!

If I recommend a study or lab work your insurance won't pay for, and you are not able or willing to assume the cost, please feel free to come in and discuss it. As I've told many of you, I am your consultant. You pay me for my best advice. My best advice is based on you, your medical history, your family history, current guidelines, and recent research....not your insurance carrier.

We do everything we can *that is legal and ethical* to code your visits, labs, and other orders so they are reimbursed as much as possible by your insurance carrier. Regardless, *insurance rarely covers everything.* It is your responsibility to pay your deductible, your co-insurance, and any other balance not paid for by your insurance.

Kindest regards,

Cynthia T. McCaleb, MD

I have read, carefully, the above information. I understand that I am responsible for the charges not reimbursed by my insurance carrier. I understand that my unpaid account may be assigned to an attorney for collection and/or suit, and the prevailing party shall be entitled to reasonable attorney's fees and cost of collection. I hereby assign, transfer and set over to Cynthia T. McCaleb, MD, LLC all of my rights, title and interest to my medical reimbursement and benefits under by insurance policy with Medicare, private insurance, and other health plans. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

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Patient's Signature

Date

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Responsible Party's Signature

Date