



Insurance Consent Form

By signing this form, I am verifying that all of my insurance information is valid and up to date.

The insurance cards given to this facility are current and active cards and the proper information has been given in regards to the insurance holder's information, for example: Name, DOB, and/or Social Security Number.

By signing this form, I am verifying that the proper actions were performed in regards to obtaining an authorization number, pre-certification number, and/or referral.

I understand that if an authorization number, pre-certification number, and/or referral was needed in order to have the exam and was not obtained before the time of service that I will be held responsible for the balance of the bill if the insurance company denies the claim.

I confirm that I have read over all of the above information and I believe everything to be true to the best of my knowledge.

Patients Name: _____

Signature of Patient and/or Legal Guardian: _____

Date: ____/____/____