

# Dr. Glenn Wilcox LLC

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## Financial Responsibility Form

• **Insurance:** As a patient, it is in your best interest to know and understand your insurance plan benefits prior to any visit. Not all services are covered in all insurance contracts. To find out what your insurance plan covers and what your financial obligation may be, call the Customer Service Department of your insurance company (the phone numbers are on your insurance card). Your employer's human resources department may also be a source of information and assistance. We do not bill any insurance companies, so you will be solely responsible for the full amount of your office visit and/or any procedures rendered. Insurance reimbursement is a contract between you, your employer and your insurance carrier. As a courtesy to you, we will provide you a bill with CPT and ICD-9/10 codes for you to submit to your insurance company. It is your responsibility to update any insurance information with our front office staff.

• **Appointments:** Any interactions with Dr. Glenn Wilcox via in person, email, text, phone, etc. will be billed at his current hourly rate. Unless, written authorization from Dr. Glenn Wilcox stating otherwise. **If you cancel an appointment before 24 hours of your appointment there will be no charge. If you cancel less than 24 hours before your appointment, or fail to show for your appointment without notification (phone appointments: If you are unreachable after several attempts), you will be charged \$150.00.** Regretfully, we have been forced to institute this policy due to a large volume of last-minute cancellations, scheduling changes, and "no-shows". To ensure that all our established patients have access to the doctor when necessary is a constant challenge. When an appointment is canceled or rescheduled with adequate advance notice, it is more likely that another patient in need will be able to use that appointment time. When an appointment is canceled, rescheduled or "no-show"ed, it is depriving another patient the care they need.

• **Payments:** All amounts are due at the time of service. We accept cash, checks, money orders, Visa, MasterCard, American Express and Discover. Unpaid services may be required to be paid in full prior to additional appointments. Payments received by Dr. Glenn Wilcox LLC are applied first to any unpaid bill(s) for which patient is liable. A non-sufficient funds fee of \$35.00 will be applied to any returned check and then we will only accept cash, credit card, or money order for any and all payments thereafter.

### AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of any medical or any other information to my insurance carrier(s), or other entity necessary to determine insurance benefits or the benefits payable for related medical services and/or supplies provided to me by Dr. Glenn Wilcox LLC. A copy of this authorization will be sent to my insurance carrier(s), or other medical entity, if requested. Dr. Glenn Wilcox LLC will keep the original authorization on file.

I have read, understand and agree to this Patient Financial Responsibility Statement and Authorization to Release Information. I realize that this document will stay in affect for 1 year from the last encounter with Dr. Glenn Wilcox LLC.

Patient/Responsible Party Signature

Name of Patient: \_\_\_\_\_

Signature of patient or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_