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FINANCIAL RESPONSIBILITY

Dear Patient,

Due to significant changes in insurance coverage, we have experienced many situations in which recommended medical services are provided but are not paid for by insurance plans.

In order to maintain our financial liability and to continue to serve you with the best medical care, you agree to pay for any service not covered by your insurance. We do recommend that you verify insurance coverage before your visit.

At the time of the visit, patient is responsible to pay any co-pay, coinsurance, and/or any unmet deductible amounts. We are happy to file the claim on your behalf, but the balance is your responsibility if your insurance company, or plan, does not pay after 30 days. Any amount not covered by your insurance policy is due immediately after receiving first invoice from us. Additionally, in case of family dispute, patient (or legal guardian in case of minor) is solely responsible to pay all outstanding balances.

Thank you for your understanding regarding this matter.

Dual Eligibility (Medi-Medi)

Please be advised that this office does take Medicare but not Medicaid insurance. If you are dual eligible, when you access services that are covered by both Medicare and Medicaid, Medicare must pay first and Medicaid pays second. Medicaid covers most Medicare cost-sharing including deductibles and copayments. You are still responsible for some limited Medicaid copayments.

Please sign the statement below in agreement with our policy.

I, _____, agree to be personally responsible for service not covered by my insurance plan within 60 days of the date of service.

Patient's Signature

Date