

NASH OB-GYN ASSOCIATES, P.A.
PATIENT BILL OF RIGHTS AND RESPONSIBILITIES
Revised 4/1/2004

- I have received the Notice of Privacy Practices.
- I have the right to be seen in a timely manner. I will be informed of any delay and have the right to reschedule if the delay is too lengthy.
- I will be timely informed of any test results.
- I will present my current insurance at each visit and I will make every effort to understand the benefits of my insurance plan, even to the extent of calling the benefits coordinator at my place of employment/carrier.
- I will cooperate with this practice to assure prompt payment for services I received, including non-covered service.
- I agree and understand that I am ultimately responsible for payment of services I receive, including non-covered service.
- I agree to take prescribed medications only as directed. If I do not understand the directions, I will call the office for clarification.
- I agree to be on time for my appointments and I will notify this office 24 hours in advance if I am unable to keep my appointment.
- I agree and understand that payment is due at the time services are rendered.
- I agree to pay any applicable charge for any check that is returned by my bank for any reason. I understand that if I have two returned checks my privilege to pay by check will be revoked.
- If I fail to pay my bill in a satisfactory manner and you assign the account to a third party, I agree to pay all of the cost of collection, including reasonable attorney fees, whether or not a suit has been filed.
- I understand and agree that I am responsible for obtaining all necessary referral authorizations from my primary care physician (if it is required). Failure to do so may result in payment denial. I will pay for all denied services for which I failed to obtain a referral.
- If I receive maternity services, I agree to discuss any change of insurance plan with your office before making the change. Failure may result in denial of payment that makes me responsible.
- I agree that this office can only bill a diagnosis documented in my medical record. Thus to ask you to change a diagnosis for the purpose of securing payment from my insurance carrier may result in the act of fraud.
- I authorize payment of medical benefits to Nash OB-GYN Associates, P.A. for services received.

Patient (or responsible party)

Date

Patient SSN

Practice Representative