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Attention Monroe Pediatric Patients

Work Orders:

If you are given any kind of work-order for LABS, X-RAY, MRI, ULTRASOUND, PHYSICAL, SPEECH, OR OCCUPATIONAL THERAPY, you must call your insurance company to verify that they will cover the test and location of the services requested. We are finding that many private insurance plans have exclusive agreements and will only pay for services at certain facilities. If you do not follow the directions of the insurance company and you obtain services at a different location then **YOU WILL GET A BILL AND WE WILL BE UNABLE TO ASSIST YOU IN CORRECTING THE BILL.**

We do not want this to happen to you. Therefore, it is **YOUR RESPONSIBILITY TO BE CERTAIN** that you use whatever network laboratory or facility your insurance insists that you use.

YOU ARE RESPONSIBLE FOR UNDERSTANDING YOUR INSURANCE BENEFITS. LACK OF KNOWLEDGE OF YOUR BENEFITS COULD COST YOU MONEY!

I understand that any charges not covered by my insurance will be my financial responsibility. I have read and understand the policies listed above.

Patient's Name

Patient's Date of Birth

Parent/Guardian Signature

Date