

Karle Medical Group, P.C.

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**Office Visit Charges- Notice of Responsibility
at Time of Service**

Patient Name: _____ Doctor: _____

Patient DOB: _____ Today's Date: _____

Office Visit Responsibility At Time of Service:

1) For All Patients:

Because of the changes associated with the Affordable Care Act, beginning in 2014, most patients will be responsible for significant portions of their healthcare costs as out of pocket expenses. As a consequence, Karle Medical Group has determined that it is necessary to collect deductibles, co-pays, and co-insurances at the time of service for any patient seeing a healthcare provider for which such patient expenses are customary. Please be aware that when calculating such expenses, we err on the side of caution on your behalf, so balances will be calculated for patients with deductibles and co-insurance for only the office visit portion of the charges and not for any in office labs or procedures.

2) For HMO Patients Only:

Normally my HMO insurance requires that I be assigned to a Primary Care Physician (PCP) prior to my insurance coverage being engaged for office visit coverage at a PCP's office. If I have chosen to postpone my assignment to one of the Karle Medical Group medical practitioners as my PCP until after I complete my initial office visit I accept responsibility for any and all charges associated with my office visit in the event that I decide not to assign a Karle Medical Group physician as my PCP office.

I, _____, have read this patient information sheet and acknowledge that the requirement of this form and my acceptance of responsibility for office visit charges is standard practice for my insurance in cases such as this.

Patient Signature

Date