

**2431 Easton Avenue, Bethlehem, PA 18017 (610) 861-0190**

**1050 S. Cedar Crest Blvd., Suite 104, Allentown, PA 18103 (610)973-2090**

***IMPORTANT, PLEASE READ: REGARDING YOUR INSURANCE BENEFITS***

Dear Patient,

 We do our best to verify your insurance. Occasionally, we receive incorrect information from your insurance company. We must inform you that the information we tell you concerning your insurance benefits is not always what the insurance company ends up paying. You may have a deductable, co-insurance or co-pay that we were not informed about.

 When the Explanation of Benefits (EOB) is received from the insurance company, our billing department posts the amount paid. If at that time we discover you have additional out of pocket expenses such as deductable, co-insurance or co-payments, you will be responsible for payment.

We urge you to contact your insurance company to find out what your benefits are.

***We will not be held responsible for co-insurances, deductibles, out of out of pocket expenses, or co-pays that we are not informed about or do not know about.***

Thank you

Print Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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