

RENA AHUJA MD

PATIENT FINANCIAL POLICY

Thank you for choosing RENA AHUJA MD A MEDICAL CORP for your medical needs . We are committed to provide you with the highest quality of healthcare. We ask that you read and sign this form to acknowledge your understanding of our financial policies.

Patients Financial Responsibilities

☉ The patient is ultimately responsible for the payment for treatment and care. It is the patient's responsibility to call their insurance to check if their insurance plan is active or inactive and if Dr Rena Ahuja is In-Network or Out of Network .

☉ We will write **lab orders** for you based on the diagnosis at the visit, However it's the patient responsibility to confirm which labs are covered and not covered by their insurance, we take no responsibility for the non covered labs.

☉ Patient are responsible for payments of co-pays, co-insurances and deductibles due at the time of the visit.

☉ We require a 24 hours notice ,if you are unable to keep your scheduled apt .

Due Bills

Upon receiving a balance due bill from our billing office ,all charges are payable within 30 days.

Authorization to pay benefits to physician

I hereby assign payment directly to RENA AHUJA MD A MEDICAL CORP for medical benefits, if any, otherwise payable to me for services provided at the office.

Authorization to release information

I hereby authorize RENA AHUJA MD A MEDICAL CORP to release any information required in the course of my examination and treatment to my referring physicians and/or my insurance company.

Acknowledgement

I have read and understood the above Financial Policy and Benefits Authorization and agree to all the provisions outlined herein and I give consent to access, treat and test.

PATIENT SIGNATURE OR RESPONSIBILITY PARY

DATE