



**HERMES HEALTHCARE PA**

3343 West Central Avenue - Wichita, Kansas 67203

### INSURANCE VERIFICATION

**PATIENT NAME:**

**INSURANCE COMPANY NAME:**

Insured's Name:

Relationship to Patient:

Policy I.D. Number

Group Number:

Insured's Date of Birth:

Effective Date of Policy:

Is there a deductible:  Y  N

Co-Payment or Co-Ins.  Y  N

If yes, how much?

Is the practitioner in network?  Y  N

**Secondary Insurance:**

Insured's Name:

Relationship to the Patient:

Group Number:

Policy I.D. Number

Insured's Date of Birth:

Insurance Company Phone:

#### Our Financial Policy And How It Works For You

Whether you are paying cash or using insurance, you are always ultimately responsible for your bill. Co-pays are due at the time of service.

#### Your Responsibilities

- Please know and understand your insurance benefits.
- Please pay your co-pay at the time of your treatment.
- Please read and keep your Explanation of Benefits statements from your insurance.
- Please follow up promptly with claims not paid by your insurance company, or you will be billed directly for them.
- **Please make any cancellations with at least 12 hours' notice or you may be billed.**

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_