**NO PROOF OF VALID INSURANCE**

Per Gainesville Family Practice, P.C. policy, all patients are required to present a valid insurance card at every visit. If proof of insurance is not provided at the time of service, all claims will be billed to the insurance currently on file at the office. In the event that coverage has terminated or there are any changes to the insurance policy that result in a denial of payment, the patient or responsible party will assume full financial responsibility for all charges accrued on that date of service.

Furthermore, if valid insurance information is provided after the insurance company’s timely filing limit, the patient or responsible party will assume full financial responsibility for all charges accrued on that date of service.

If there are any questions or concerns about this policy, please ask to speak to a member of the billing department.

Patient Name *(please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Patient Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of patient or representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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