

PATIENT FINANCIAL AGREEMENT

I hereby authorize Farhad Zangeneh, M.D., P.C. to apply for benefits on my behalf for services rendered. I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information, for this or any related claim to my insurance company in order to determine these benefits payable. I request that payment of authorized benefits be made payable to Farhad Zangeneh, M.D., P.C.

1. We participate with Medicare and Carefirst BC/BS. By contract, covered charges will be paid directly to us. Any applicable co-insurance payments are/or deductibles are due at the time of service.
2. We participate with certain HMO/PPO programs; participants are responsible for their co-payments at the time of service. HMO participants are also responsible for obtaining a referral from their Primary Care Physician prior to the visit. If you have forgotten your referral, please ask the receptionist for our “No Referral Waiver” agreement in order to be treated today.
3. Commercial insurance participants are required to pay in full for charges incurred. As a courtesy, we will submit the insurance form on your behalf requesting that payment be made directly to you for reimbursement.
4. A \$25.00 fee will be charged to all patients for any returned checks.
5. I understand that I am financially responsible for any non-covered and/or denied charges incurred on my behalf and that it is my responsibility to know my insurance coverage guidelines.
6. A copy of this agreement may be used in place of the original.

Signature _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I have been presented with a copy of Dr. Zangeneh’s ‘Notice of Privacy Policies’, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the notice, and, subject to the following restriction(s) concerning my personal medical information, I agree to the disclosures named in the Notice; _____

_____.

Signature _____ Date _____