

# Insurance Filing Policy: Responsible Party

We file your insurance as a courtesy. However, if we do not receive a response from your insurance company after 30 days, we ask that you contact your insurance company regarding the claims. We do require co-payments to be made on the same day of the service.

We do not file laboratory work with your insurance company. Your doctor will give you an order form. You may take it to the laboratory of your choice.

*Medicare patients:* We do not perform most lab tests in our office at this time; therefore we are unable to bill Medicare for these charges.

\*I agree to be responsible for any services charged by Augusta Lung Associates, LLP. I also agree to release any medical information necessary to process a claim and that all payments shall be made directly to Augusta Lung Associates, LLP.

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

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSURANCE INFORMATION

**Primary Insurance:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insured Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship: \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insured Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship: \_\_\_\_\_