John D. Strausbaugh, D.O.

Insurance & Payment Information

Insurance members:

- If you are enrolled in an insurance, in which our office participates, (it is your responsibility to know if Dr. Strausbaugh is on your plan), a claim will be filed from our office for services rendered. You will be responsible for any deductible, co-payments, co-insurance and non covered services according to the terms of your insurance contract.
- If you are enrolled in an **HMO**, in which our office participates, your co-payment is required at the time of service. You are responsible to give us a current authorization before being seen otherwise payment is expected at the time of service.
- If our service has not received payment from your carrier within 90 days, you, the patient will be notified and responsible for payment. Our agreement is with you, not your insurance company. Although we will assist you by submitting the claim to your carrier, you are ultimately responsible for the services you receive.Payment to our office is not contingent or dependent upon your insurance coverage.

By my signature below I understand that Florida law generally requires that physicians carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. I further understand that Florida law imposes strict penalties against noninsured physicians who fail to satisfy adverse judgements arising from claims of medical malpractice. I understand that Dr. John D. Strausbaugh, D.O. has elected, pursuant to Florida law, not to carry medical malpractice insurance. I understand that this election is permitted under Florida law, subject to certain conditions, and I understand that I have been provided with notice of this election pursuant to Florida law.

SIGNATURE DATE

Payment methods:

Our office accepts cash, money orders, personal checks, Debit Cards, Visa & Mastercard. Returned checks will receive $25.00 overdraft protection charge.

How will you be paying today? Cash Check Credit Card

Lifetime Guarantee/Authorization, Privacy Practice Acknowledgement, Release of Information

1. I understand that I am fully and legally responsible for all billing charges of this account which includes all outstanding balances not covered by Medicare and/or insurance companies. I under stand that physicals and tetanus shots are not covered by Medicare. In the event that I fail to pay any outstanding balance, I also agree to pay all costs of collection agency fees, attorney's fees and court costs, if any.
2. I acknowledge that I have received or been offered a copy of the Notice of Privacy Practices for the medical office of John D. Strausbaugh, D.O.
3. I give the office of Dr. Strausbaugh permission to release my medical records to any physician/ facility I am referred to and also to my insurance company for payment.

SIGNATURE DATE