

Insurance & Financial Agreement

Please bring your insurance card, photo ID, and payment method to each visit. Coverage varies by plan; patients are encouraged to confirm benefits with their insurer before appointments.

PATIENT AND POLICY INFORMATION

Patient Name	Date of Birth
Insurance Company	Member ID
Group Number	Policy Holder Name

FINANCIAL RESPONSIBILITY

I understand that copays, deductibles, coinsurance, non-covered services, and outstanding balances may be my responsibility according to my insurance plan and office policy.

I authorize Adams Internal Medicine to submit claims and receive payment from my insurance carrier for covered services.

I understand that insurance verification is not a guarantee of payment and that benefit determinations are made by the insurance carrier.

PAYMENT AND BILLING COMMUNICATION

- I may be contacted about balances, statements, or insurance follow-up.
- I will not send card numbers or private medical details through public website forms.
- I will notify the office of insurance, address, or phone number changes.

Patient / Responsible Party Signature	Date
Printed Name	