

# Patient Disclosure



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Reason for Today's Visit

\_\_\_\_\_ Routine Preventive Exam (I have no medical complaint or significant problem or abnormality that I am aware of).

\_\_\_\_\_ I have a problem/complaint that I wish to have evaluated and/or treated by the doctor.  
My chief complaint is: \_\_\_\_\_.

\_\_\_\_\_ My insurance plan covers Preventive Medical Services.

\_\_\_\_\_ My insurance plan does not cover Preventive Medical Services.

\_\_\_\_\_ I do not know if my insurance plan covers Preventive Medical Services.

I agree to pay for any and all medical services I receive from the Doctors/Providers of this Practice that my insurance company refuses to pay (for whatever reason). This office will file a claim on my behalf. However, if my insurance company refuses to pay, for whatever reason (e.g. non-covered service, does not pay for preventive medical visits, my failure to secure a referral from my primary care physician) I will pay for same upon written/verbal notice of their refusal. Failure to pay within 45 days of filing is for the purpose of this agreement, a refusal to pay.

I further agree and understand that this office can only code and file a claim for my visit(s) with a diagnosis that was encountered and documented on my medical record. To ask this office to change a diagnosis solely for the purpose of securing reimbursement from the insurance carrier is inappropriate and may result in a fraudulent act.

In the event I do not pay for these or any other services provided me when due, I agree to pay all cost of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process.

By: \_\_\_\_\_ Witness: \_\_\_\_\_  
Patient (or responsible party, if a minor)

*This Disclosure /Agreement form is provided with the understanding that the publisher is not engaged in rendering legal or accounting advice.*

BALTIMORE  
341 N. Calvert Street  
Suite 201  
Baltimore, Maryland 21202

CATONSVILLE  
7001 Johnnycake Road  
Suite 105  
Windor Mill, Maryland 21244

DUNDALK  
6610 Tributary Street  
Suite 206  
Baltimore, Maryland 21224

CONTACT  
office: 410-633-6300  
fax: 410-633-6736  
web: hoffmanobgyn.com