Knoxville Gastroenterology Consultants

Insurance Information

If your insurance card is scanned today, you may skip this top section

Primary Insurance Company: _____

Insurance Mailing Address: _____

Subscriber ID# _____ Group # _____

The Insured Date of Birth: ____/____/____

PRECERT TELEPHONE NUMBER _____-_____-_____ (REQUIRED)

Secondary Insurance Company: _____

Insurance Mailing Address: _____

Subscriber ID# _____ Group # _____

The Insured Date of Birth: ____/____/____

PRECERT TELEPHONE NUMBER _____-_____-_____ (REQUIRED)

*If you have a 3rd insurance, please check here ____, and add information on the back of this form.

I request that payment of any of the following: Medicare, Medicare Supplements or any Private or Commercial Insurance benefits be made to:
Knoxville Gastroenterology Consultants (H. Steven Silver, MD) for any services furnished me by this provider or his associated practitioners. I authorize Knoxville Gastroenterology Consultants to release my medical information to the Healthcare Financing Administration and its agents, if needed, to determine benefits or the benefits payable for related services. **I understand my financial responsibility for services, regardless of insurance benefits and the responsibility of necessary collection cost and/or reasonable attorney fees, if my balance remains unpaid after 90 days.**

_____ _____

Signature Date

Insurance Waiver: I have been informed by Knoxville Gastroenterology that services rendered (office visits, procedures or hospital admissions), even with the proper referral or precertification from your insurance company, do not guarantee payment by your insurance company. **If H. Steven Silver, MD is not found to be in your insurance network, you will be responsible for payment of services.**

_____ _____

Signature Date

Payment Policy

Your **deductible, co-pay or estimated portion** is due at the time of service.

Minors: Guardians are responsible for payment at the time of service.

I have read and agree to the above financial policy.

_____ _____

Signature Date