

VALID INSURANCE POLICY  
MEMBER NONCOMPLIANCE OF PROPER INSURANCE  
EFFECTIVE 6-15-2023

Dear Parents/Patients:

As a courtesy to our patients, our office will file your health insurance for services rendered in our office.

Parents/Patients are responsible for providing **ALL ACTIVE INSURANCE POLICIES** to our office at time of service. **Failure to provide all active insurance policies will result in the parent or patient being responsible for the entire amount of the service rendered.** Our office staff does not have the resources to track down policy information that was not provided by the parents/patients.

If you have **two or more insurance policies** for your child, you must provide all of the policies to us. You must inform us of which policy is primary and secondary. If you are unsure about the order of the policies, please contact your member services with your insurance companies and they will be able to provide this information to you. Insurance companies provide no standardized policy for which policy should be primary or secondary. Furthermore, our staff is unable to obtain this information for you. Our office is only provided the information when a claim denies for **“other health insurance must process first”**.

In some situations, when our office receives the denials from the insurance company, it is too late to file the primary insurance because of **“timely filing.”** Some insurances only allow (90) ninety days to file a claim from date of service. That is why it is so important to provide all insurance information at time of service.

**If you have commercial insurance and Medicaid, the commercial insurance will always be primary. Medicaid is always the last insurance to be filed for reimbursement of claims. There is no exception to this rule. Failure to provide us with all insurance information will cause the parent/patient to be responsible financially for the date of service claim.**

You must provide us with the correct insurance information in order for claims to be paid by your insurance company.

By signing this agreement, you understand that if you provide false or incorrect insurance information and the claim is denied due to incorrect insurance information, you will be responsible for the entire claim amount.

---

Parent/Guardian's Signature