

Contract for Services

For BC/BS Insured Patients

I hereby authorize *Hygeia: A Unique Center for Women's Health* to administer such treatment and perform such procedures necessary or advisable in the diagnosis and treatment of the undersigned or designated patient.

I understand that I may need a written referral from my Primary Care Provider to receive preferred benefits for the services rendered today and at subsequent visits. If I do not have a written referral from my Primary Care Provider, I understand that I may be financially responsible for the visit.

I also understand that Dr. Jacobs is contracted Anthem BC/BS and my visit will be covered at the contracted rate according to my policy. I, however, am responsible for any co-insurance and deductible payments which will be billed to me. Co-pays are due at the time of service.

I hereby authorize *Hygeia: A Unique Center for Women's Health* and/or their designees to submit claims to my insurance carrier and release any information needed for the processing of claims related to any services or procedures performed.

I am financially responsible for all services provided today and subsequently if my insurance card is not available or if I do not present the card in a timely manner.

I may be additionally financially responsible for the cost of any legal fees or other costs incurred in collecting due payment.

Signature: _____ Date: _____

Printed Name: _____