



Horizon View Medical Center

Phone # (702) 641-8500 Fax # (702) 641-8502

ATTENTION PATIENTS

IT IS THE RESPONSIBILITY OF THE PATIENT/INSURED TO KNOW WHETHER THE DOCTOR YOU ARE SEEING FOR MEDICAL SERVICES IS A PROVIDER ON YOUR INSURANCE AND TO PROVIDE A REFERRAL (IF NECESSARY) UPON ARRIVAL. **IF NOT, YOUR APPOINTMENT WILL BE RESCHEDULED.**

YOU AS THE INSURED, ARE RESPONSIBLE FOR ANY CO-PAYS, CO-INSURANCE OR DEDUCTABLE AT THE TIME OF SERVICE.

IF OUR OFFICE IS NOTIFIED BY YOUR INSURANCE COMPANY FOR INELIGIBILITY OF BENEFITS, OR THAT YOU ARE NO LONGER INSURED, **YOU WILL BE RESPONSIBLE FOR PAYMENT IN FULL.** YOU AS THE PATIENT ARE ALSO RESPONSIBLE TO **PAY IN FULL ANY MONEY TOWARDS YOUR DEDUCTIBLE.**

SIGNED _____ **DATE** _____