



ADVANCED INTERNAL MEDICINE PRACTICE

AIM for better health

PATIENT FINANCIAL RESPONSIBILITY STATEMENT

Thank you for choosing Advanced Internal Medicine Practice (dba AIM Primary Care) as your healthcare provider. The medical services you seek imply a financial responsibility on your part. This responsibility obliges you to ensure payment in full for the services you receive.

By signing below and/or by receiving medical services from AIM Primary Care, you agree to the following:

The patient is ultimately responsible for all payment obligations arising out of their treatment or care. AIM Primary Care will perform due diligence to obtain prior authorizations for services, though this does not guarantee full payment from insurance.

AIM Primary Care will provide the courtesy of billing the patient's insurance on the patient's behalf. However, if the patient's insurance does not cover their previously agreed portion, the patient is responsible for any remaining payment.

As the contract is between the insurance and the patient, the patient is responsible for knowing their own insurance policy and benefits.

If you are not familiar with your plan coverage, we recommend you contact your insurance carrier or plan provider directly.

Patient Name (please print): _____

Patient Signature: _____

Date: _____