Essential Rheumatology LLC
860-325-6908

Financial Agreement & Specialty Lab Disclosure

Essential Rheumatology LLC requires all patients to review and acknowledge the following financial terms before receiving care. This agreement outlines your responsibilities regarding payment, insurance, laboratory services, and prior authorizations.

Financial Obligation

I accept full financial responsibility for all medical services rendered at Essential Rheumatology LLC. I agree to pay all applicable copayments, co-insurance, and deductibles at the time of service or electronic check-in.

Insurance Authorization & Assignment

I authorize Essential Rheumatology LLC to bill my health insurance carrier directly on my behalf. I hereby assign all medical benefits otherwise payable to me directly to Essential Rheumatology LLC.

Advanced Lab & Imaging Notice

I acknowledge that rheumatology evaluations frequently require highly specialized blood panels (e.g., ANA cascades, vector-borne panels, genetic markers) and specialized imaging (MRI, ultrasounds). These tests are often processed by external reference laboratories (e.g., Labcorp, Quest, Exagen).

I understand that it is my sole responsibility to know which laboratories are in-network with my insurance plan. I accept final financial responsibility for any bills generated by external labs or imaging centers that my insurance deems non-covered or out-of-network.

Prior Authorizations

While Essential Rheumatology LLC assists with obtaining prior authorizations for specialty medications, I understand that authorization is not a guarantee of payment. I am responsible for any balances left unpaid by my insurer.

Acknowledgment

By signing below, I confirm that I have read and understand this Financial Agreement & Specialty Lab Disclosure. I accept financial responsibility and assign my insurance benefits as described above.

Patient Name (Print) _____ Patient Signature _____

Date _____