



# DIABETES CARE CENTER

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Diplomats of The American Board of Internal Medicine  
Diplomats of The American Board of Endocrinology, Diabetes and Metabolism

As a courtesy to you, our patient, we file your insurance for you. However, since the coverage is a contract between you and the insurance company, it is ultimately the patient's responsibility to ensure that services are paid in a timely manner. If your procedure is a non-covered benefit, according to your insurance policy, it becomes an expense billable to you.

If you are a member an HMO, ***IT IS THE PATIENT'S RESPONSIBILITY*** to obtain any and all necessary referral authorizations **PRIOR TO YOUR VISIT**. If the authorization is not in our office at the time of service, it may be necessary to reschedule your visit.

There will be a \$50 charge to your account for any missed appointments that are not cancelled 24 hours in advance.

If you are a SELF PAY PATIENT with no insurance coverage, all fees are due and payable at the time services are rendered, unless prior arrangements have been made with our Billing Department.

If you have a co-pay, you must pay at the time of service. If you are on a high deductible plan and if you did not meet your deductible, you must pay at the time of service.

You are responsible for all fees associated with your care, even when testing is not conclusive and/or you disagree with the physician.

If you have a biopsy or other testing, occasionally results come back non-diagnostic (not finding pathology) and it may need to be repeated.

Insurance will be billed, if you have insurance. However, you will be responsible for any co-pay, any deductible and the balance after the insurance company has or has not made their payment.

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PRINTED NAME

DATE OF BIRTH

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SIGNATURE

DATE