

Ashton Vein Center/Phlebology Associates, PA  
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## INSURANCE CHANGES

IT IS THE PATIENTS RESPONSIBILITY TO NOTIFY US OF ANY INSURANCE  
CHANGES

FAILURE TO NOTIFY US OF A NEW INSURANCE OR ANY CHANGES IN  
YOUR EXISTING INSURANCE MAY HOLD YOU RESPONSIBLE FOR ALL COST  
INCURRED

## BENEFIT INFORMATION

WE DO OUR BEST TO GET YOUR BENEFIT INFORMATION AHEAD OF  
TIME HOWEVER, AN ESTIMATE OR QUOTE IS NOT A GUARANTEE OF FINAL  
COST OR PAYMENT.

THE EXPLANATION OF BENEFITS (EOB) THAT COMES FROM YOUR  
INSURANCE COMPANY SHOWS HOW THE CLAIM WAS PROCESSED.

WE WILL BILL YOU FOR ANY CO-PAYMENT, CO-INSURANCE,  
DEDUCTIBLE OR PATIENT RESPONSIBILITY THAT WAS NOT COLLECTED AT  
THE TIME OF YOUR VISIT.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_