

**COLUMBIA RHEUMATOLOGY • DEREK J. PEACOCK, MD**

**Financial Responsibility for Boniva Infusion(s)**

Columbia Rheumatology will contact your insurance for prior authorization and benefit information thru Boniva Reimbursement Hotline. When a prior authorization is required by your insurance company, we will obtain one on your behalf. You may want to follow up with your insurance company also to be sure of benefits and copays. If you have a change of insurance *and* we are not notified of the change; you will be responsible for all charges.

**Our office does NOT provide a guarantee of coverage for any of these services. We believe that these services are medically necessary. If for any reason, after submitting claims on your behalf and providing any required documentation, your insurance carrier denies any part of these services, YOU WILL BE RESPONSIBLE for any charges incurred for treatment and/or follow-up care.**

Any unpaid balances may be charged a billing fee at the rate of 1.5 %, minimum of \$5.00 per month.

Any cost estimations given are based on the most current recommended or ordered Boniva dose and insurance allowed amounts (if we are contracted) or our own billed amounts (if we are not contracted). Estimates provided are not a guarantee of payment and are subject to change at any time.

\_\_\_\_\_  
Patient Signature or Responsible Party

\_\_\_\_\_  
Relationship (if not patient)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Witness\_\_\_\_\_

\*Note: This form is valid indefinitely.