



A PROGRAM OF THE DELAWARE CENTER
FOR MATERNAL FETAL MEDICINE OF CHRISTIANA CARE

Change of Information Policy

All patients will be held responsible for providing our office with any changes including but not limited to:

- Change of insurance (s) primary, secondary and tertiary
- Name changes
- Change of address
- Change of phone number (s)

Failure to do so at the time of service may result in the denial of your claim with your insurance company which will result in the patient being responsible for payment in full.

We have thirty (30) days to file a clean claim with insurance companies and after thirty (30) days claims may be denied for "untimely filing".

I have read the policy and understand I will be charged in full for failure to comply with the above policy:

Patient's Printed Name

DOB

Date

Patient Signature