

OUR OFFICE POLICY REGARDING INSURANCE ASSIGNMENT AND FINANCIAL RESPONSIBILITY

Our office is please to accept your insurance assignment, as soon as your exact coverage is verified by the responsible party. We will file your claim and assist you in every way we can.

1. Your insurance contract is between you and your insurance company. You are fully responsible for any amount not paid by your insurance.
2. Since by taking your insurance on assignment, we have to wait for payment, this courtesy may be withdrawn if circumstances warrant it.
3. Your insurance company should pay on claims filed within 30 days; if they require additional paperwork filled out by you (accident/injury information, co-ordination of benefits or any other forms), you are obligated to fill out any and all forms sent to you and return them within 10 days.

ASSIGNMENT

I hereby instruct and direct my insurance company to pay by check made out and mailed directly to this clinic the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered by this clinic. I also authorize this clinic to release any information pertinent to my case to any insurance company adjuster, and attorney involved in this case; and hereby release this clinic of any consequence thereof.

A photocopy of this assignment shall be considered as effective and valid as the original.

Patient Signature

Date

FINANCIAL RESPONSIBILITY

I agree to be financially responsible for all charges incurred at this clinic including my insurance deductible, copayments and services rejected by my insurance company.

Patient Signature

Date