

## Assignment Of Benefits Agreement

Our office is pleased to accept your insurance assignment. We offer this service as a courtesy to our patients. However, it must be clearly understood that the "contract" is between the patient and the insurance company. The account thereby is the responsibility of the patient for any amount not paid by the insurance company. Following is a statement of our policies governing insurance claims.

1. Although we are willing to complete insurance information forms and submit a claim on behalf of the patient, we do not accept responsibility – under any circumstance – for the outcome of the transaction. Completing insurance forms is a courtesy we extend to our patients in an effort to maximize their likelihood of obtaining insurance reimbursement. By having our office process insurance forms, the patient agrees to accept liability for those forms. Alternatively, a patient may fill out his/her insurance forms and bill the insurance directly.
2. We require our patients to sign an "Authorization to Pay the Doctor" form (or any other necessary assignment documents required by your insurance company). By doing so the insurance company will make payment directly to our office.
3. The patient will pay the co-payment (the amount not covered by the insurance company) at the time services are rendered.
4. Insurance payments ordinarily are received within 30 to 60 days from the time of billing. If a patient's insurance company has not made payment to our office within 60 days. We may request the patient to pay the balance due and then seek reimbursement from the insurance company, when and if it pays. Balances 60 days and over are subject to a finance charge of 18% APR.
5. Our office does **NOT** guarantee that the patient's insurance company will pay. We will perform our routine insurance billing procedures upon verification of coverage. However, if for some reason, the patient's insurance claim is denied, the patient is then considered to be responsible for the full amount of the bill. If legal or collection services are required to obtain payment, the patient further agrees to pay for these fees.
6. Our office will not enter into a "dispute" with an insurance company over any claim, although we will work with the insurance company to sort out any confusions or questions which might arise. We will cooperate fully with the regulations and requests of the insurance companies. It will be, however, the responsibility of the patient to handle with the insurance company any type of dispute over payment by the company.

**IF YOU UNDERSTAND AND AGREE TO ALL OF THE ABOVE OFFICE  
POLICIES, PLEASE SIGN YOUR NAME BELOW AND WE WILL ACCEPT  
YOUR INSURANCE ASSIGNMENT.**

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

\_\_\_\_\_  
Date