



Release of Billing, Assignments of Benefits, and Financial Responsibility Policies

Agreeing to “**Release of Billing**” means that you allow your doctor to disclose medical information so that your doctor can bill and receive payment for medical services delivered.

Agreeing to “**Assignment of Benefits**” means that you, the patient, allow the transfer of claim benefits to your doctor. Claims will be submitted by the doctor to the insurance company and payments from the insurance company will go directly to your doctor.

Agreeing to “**Financial responsibility**” means that you, the patient, are financially responsible for all charges for services provided to me, including any deductibles, co-payments, and co-insurance not paid by my insurance company and that I promise to pay any remaining balance if my insurance company denies payment or coverage and/or after my insurance has paid its portion.

By signing below, I acknowledge that I have read, understand, and agree to the items listed above.

NAME: _____

SIGNATURE _____

DATE _____