

INSURANCE ASSIGNMENT POLICY STATEMENT

Dear Patient:

You have selected "INSURANCE ASSIGNMENT" as the method of choice to take care of your financial obligation with this office.

It is important that you realize that in this office, we offer the option of "INSURANCE ASSIGNMENT" strictly as a courtesy to our patients, and, as such, our patients must understand and agree to the following:

- 1) That you are considered a cash patient until you bring in completed insurance forms, and this office qualifies and accepts your coverage.
- 2) That you are ultimately responsible for full payment for any and all services rendered.
- 3) That you will pay all deductibles in full.
- 4) That co-insurance must be paid at the time of service, or at the end of each and every week, provided that the credit card guarantee is signed.
- 5) That if your carrier has not paid a claim within 120 days of submission, you are responsible to take an active part in the recovery of your claim and that after 150 days you will be responsible for payment in full for any outstanding balance.
- 6) That, in the event you discontinue your program of care prior to the doctor's consent; you are responsible for payment in full of any outstanding balance, and the courtesy of insurance assignment is immediately discontinued.

This insurance assignment policy must be followed. We ask that you sign this form as acknowledgement that our policy was explained to you, that you understand it and that you accept full financial responsibility.

Patient/Guardian Signature

Date