

Financial Policy

I will be responsible for any copay, coinsurance or deductibles as defined by my insurance policy. I understand it is my responsibility to obtain a referral or prior authorization if necessary, for any procedures now or in the future. If a referral or prior authorization was needed for insurance reimbursement and was not obtained, I understand I am responsible for the full payment for the services rendered to me. _

ASSIGNMENT OF BENEFITS: I irrevocably assign to you, my medical provider, all my rights and benefits under my insurance contract for payment for services rendered to me. I authorize you to file insurance claims on my behalf for services rendered to me and this specifically includes filing arbitration/litigation in your name on my behalf against the health care carrier. I direct that all reimbursable medical payments go directly to you, my medical provider.