

ASSIGNMENT OF BENEFITS AGREEMENTS/FINANCIAL POLICIES

Our office will accept an assignment of benefits from your insurance company. It is important to understand, though, that the contract regarding your medical benefits is between you, your employer, and your insurance company. The obligation you have with our practice is to pay for treatment, regardless of the amount that may or may not be reimbursed by your insurance company. The following provisions identify our policies...

- I authorize Creekside Medical to submit medical claims to my insurance company on my behalf. I understand that the submission of a claim does not absolve me of my responsibility to ensure a claim is paid in full.
- I authorize my insurance company to pay Creekside Medical directly for services/treatment I have received.
- I authorize Creekside Medical to submit any and all appeals if my insurance company denies me benefits to which I am entitled.
- I authorize Creekside Medical to furnish and/or release any information necessary to my insurance company regarding treatment I received.
- Co-pay is due at time of service. If co-pay is not paid at time of service there will be a \$10 billing fee added to send a monthly statement.
- Any remaining balance owed by you is due upon receipt of your first statement unless other arrangements are made through the billing office. Balances of \$5 or less will not be sent a statement due to cost. Balance will be collected from patient at the next office visit.
- Appointments after 5p and Federal Holidays may incur additional fees
- Patients under 18 years of age will be the responsibility of the parent bringing them in for treatment regardless of custody agreements.
- It is your responsibility to provide us with current insurance information. If your insurance changes please provide us with the new information as soon as possible to ensure timely and accurate billing.
- If you do not have insurance, we will provide your care on a cash for service basis. A \$100 deposit is required for new patients and \$50 deposit for established patients. Patients will be billed for any balances not paid in full at the time of service.
- Any returned checks will be charged a fee of \$40.
- Delinquent accounts will be charged a \$20 late fee and are subject to collection action.
- Appointments not cancelled 24hours in advance are subject to a \$35 fee.
- Appointments not cancelled within 3 hours of same day appointment are subject to a \$35 fee.
- If you arrive more than 10 minutes late for your appointment, you be asked to reschedule and subject to a \$35 fee.

Print Patient's Name: _____ **Date:** _____

Patient or Legal Guardian' Signature: _____