

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 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.
- I understand it is my responsibility to provide Creekside Medical with current insurance information. Failure to do so will result in getting a bill.
- I understand my co-pay is due at time of service and I may not be seen if I do not pay.
- Patients under 18 years of age will be the responsibility of the parent bringing them in for treatment regardless of custody agreements.
- Missed appointments will be charged a \$50 no show fee.
- Appointments cancelled without 24 business hours notification will be charged a \$50 last minute cancellation fee.
- 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.

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

Patient or Legal Guardian' Signature: _____