

**AUTHORIZATION FOR ASSIGNMENT OF BENEFITS
AND
AUTHORIZATION TO RELEASE OR RECEIVE MEDICAL INFORMATION**

Thank you for selecting our office for your children's medical care. We strongly feel that all patients deserve from us the very best medical care that we can provide. Furthermore, we feel that everyone benefits when definitive financial arrangements are agreed upon. Accordingly, we have prepared this material to acquaint you with our financial policy.

PLEASE READ AND SIGN THE FOLLOWING

1. I authorize this office to release or receive any information necessary to expedite insurance claims.
2. I hereby authorize this office to bill my insurance company directly for their services.
3. I authorize payment directly to this physician of any insurance benefits otherwise payable to me.
4. In the event I receive payment from my insurance carrier, I agree to endorse any payment I receive over to my physician for which these fees are payable.

I understand that I am directly and fully financially responsible to this physician for any charges deemed as noncovered by my insurance company. Such charges could be labs, vision tests, x-rays, hearing tests, after-hours surcharges, well child checkups and/or immunizations. I also understand that I am responsible for paying any copays, percentages and/or deductibles not covered by insurance. I further understand that such payment is not contingent on any settlement, judgment or insurance payment by which I eventually recover said fee. I realize that if my insurance company fails to pay my balance in full, or there is no payment within 90 days, it is my full responsibility to pay my doctor's bill directly. I further understand and agree that if I fail to make timely payments on my account, I will be responsible for any and all reasonable costs of collection proceedings; including court costs, filing fees as well as reasonable attorney's fees.

CONTRACTED INSURANCE COVERAGE-HMO/PPO

If we are contracted with your insurance company, you will be expected to pay your co-pay at the time of service. These co-pays are usually on the office visit charge but some contracts have lab co-pay also.

NON-CONTRACTED INSURANCE COVERAGE

If you have medical coverage with an insurance company that we do not have an HMO or PPO contract with, your office visit charges are your responsibility and are due at the time of service. At a minimum, you will be expected to pay charges to the limit of any deductible not met on the date of service and/or any percentages your insurance company mandates as your responsibility. We will file your claim as a courtesy to you.

ACCEPTED METHODS OF PAYMENT

We will accept payment of balances due by cash, check, money order, VISA, MasterCard, Discover and American Express.

OTHER INFORMATION

There will be a service charge on all returned checks. There will be an after-hours service charge for any child treated in our office after 4:30pm or on Saturday or Sunday. Some insurance contracts will pay for this, but if it is deemed as a non-covered service you will be required to pay. Medicaid does deem this as a non-covered service, and we ask that you pay the after-hours charge at the time of service.

AUTHORIZATION TO RELEASE AND/OR RECEIVE INFORMATION

The Patient/Responsible Party authorize(s) the release or receipt of and disclosure of any and all medical information related to the Patient's treatment and care, to or from any entity, which is, or may be liable, for Physicians charges, or to or from any Professional Review Organization associated therewith. The Patient/Responsible Party authorize(s) the release or receipt and disclosure of all or any part of Patient's medical records to or from any other health care provider who may be of assistance, in the opinion of the P.C., in providing medical care and treatment for the patient, and/or assisting in any reimbursement or benefits to which patient may be entitled.

A photostatic copy of these authorizations and agreement shall be as valid as the original.

Signature: _____

Date: _____

Social Security # _____