

INSURANCE ASSIGNMENT POLICY

Our office is pleased to accept your insurance assignment. We offer this service as a courtesy to our patients. However, it must be clearly understood that the **“contract” is between the patient and the insurance company**, the account thereby being the responsibility of the patient for any amount not paid by the insurance company. The following is a statement of our policies governing insurance claims:

1. **Complete insurance information must be provided within 24 hours of appointment or all fees immediately become the responsibility of the patient.**
2. We require our patients to sign an “Authorization to Pay the Doctor” form (or any other necessary assignment documents required by your insurance company). By doing so, the insurance company will make payment directly to our office.
3. The patient will pay the co-payment (the amount not covered by the insurance company) at the time of their appointment.
4. Insurance payments ordinarily are received within 30 to 60 days from the time of billing. If a patient’s insurance company has not made payment to our office within 90 days, we will request the patient to pay the balance due, and then seek reimbursement from the insurance company when and if it pays.
5. Our office does NOT guarantee that the patient’s insurance company will pay. We will perform our routine insurance billing procedures upon verification of coverage. However, if for some reason, the patient’s insurance claim is denied, the patient is then considered to be responsible for the full amount of the bill.
6. Our office will not enter into a “dispute” with an insurance company over any claim, although we will work with the insurance company to sort out any confusions or questions which might arise. We cooperate fully with the regulations and requests of the insurance companies. It will be, however, the responsibility of the patient to handle with the insurance company any type of dispute over payment by the company.

I HAVE READ, UNDERSTAND AND AGREE TO THIS POLICY.

SIGNATURE OF PATIENT

DATE