

Assignment of Benefits Form

Financial Responsibility

All professional services rendered are charged to the patient and are due at the time of service, unless other arrangements have been made in advance with our business office. The necessary forms will be completed to file for insurance carrier payments.

Assignment of benefits

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier including Medicare, private insurance and any other health/medical plan, to issue payment checks directly to Hanna Medical Clinic SC. Services rendered to myself and or my dependence regardless of my insurance benefits if any. I understand that I am responsible for any amount not covered by my insurance.

Authorization to release information.

I hereby authorize Hanna medical clinic SC to: (1) release any information necessary to insurance carriers regarding my medical illness and treatments. (2) process insurance claims generated during examination or treatment. (3) allow a photocopy of my signatures to be used to process insurance claims for the period of a lifetime. This order will remain in effect until it is revoked by me in writing.

I have requested medical services from Hanna medical clinic SC on behalf of myself and my dependents, and understand that by making this request, I become fully financially responsible for all charges incurred in the course of the treatment authorized.

I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

Patient/responsible party signature

Date