

Emad H. Asham, M.D., F.R.C.S., F.A.C.S.
Laparoscopic, Oncological & General Surgeon

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Office: 832 964 4001 Fax: 832 403 2582
info@drashamsurgery.com

INSURANCE AUTHORIZATION

I HEREBY REQUEST AND AUTHORIZE MY HEALTH INSURANCE CARRIER(S) TO PAY DIRECTLY TO **"DR. EMAD H. ASHAM, M.D.,"** FOR MEDICAL SERVICES RENDERED BY PROVIDERS OF **"DR. EMAD H. ASHAM, M.D.,** UNDER THE TERMS OF MY INSURANCE POLICY.

I FURTHER UNDERSTAND AND AGREE ANY UNPAID BALANCE NOT COVERED BY THE HEALTH INSURANCE PLAN(S) IS MY OBLIGATION AND WILL BE PAID BY ME (NOT APPLICABLE TO CONTRACTUAL ARRANGEMENTS WITH INSURANCE COMPANIES).

I HEREBY AUTHORIZE **DR. EMAD H. ASHAM, M.D., F.R.C.S., F.A.C.S.,** TO RELEASE MY MEDICAL INFORMATION TO THE HEALTH INSURANCE PLAN(S), IF NECESSARY.

SIGNATURE OF RESPONSIBLE PARTY

DATE

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FINANCIAL ARRANGEMENTS AND INSURANCE

You will find that our fees for specialized care are comparable to other surgeons in this area. If you have medical insurance to cover your expenses we will as a courtesy to you file your insurance. We are anxious to help you receive your maximum allowable benefits, and in order to achieve these goals we need your assistance and your understanding of our payment policy.

If you do not have medical insurance you are expected to pay for services incurred at time of service. We realize that individual financial situations may affect timely payment of your account. If this is the case you will be asked to talk to one of our account representatives to set up a regular payment plan for services incurred.

We will make every effort to maximize your insurance benefits, but you must understand the following:

- 1) Your insurance coverage is a contract between you, and the insurance company. We are not a part of that contract.
- 2) Insurance companies often judge a fee as “usual and customary” (UCR). As a surgeon my fees are grouped in with other surgeons for UCR calculation.
- 3) Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services that they will not cover. You are responsible for knowing what is and is not covered under your plan.

We must emphasize that our relationship is with you as a patient, not with your insurance company. While the filing of insurance claim is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please don't hesitate to ask to speak to a billing staff member. We are here to help you.

I have read, understand, and agree to the financial terms above. I agree to accept full responsibility for the payment of all fees.

PATIENT/GUARDIAN'S PRINTED NAME:

SIGNATURE:

DATE:
