

## Patient's Assignment of Benefits/ Financial Responsibility Terms

Patient: \_\_\_\_\_ (print name)

Provider: Dr. Forester Dean DBA Spine Sync, Out of Network NPI #1528507373, caregiver.

Payor: The insurance carrier that provides you with a policy for coverage and benefits.

Claim: A formal request by or on behalf of a patient for payment/reimbursement for a covered benefit.

Claim Settlement: The value of the claim determined by the payor provided in the EOB.

EOB: Explanation of Benefits – mailed to the patient and the provider once a claim has settled.

1. I understand that the provider is billing my payor as a courtesy, and that I am authorizing the provider to bill on my behalf at my request, rather than billing the payor myself, and cannot be revoked once a claim is submitted. The provider makes no representation or guaranty of benefits, and cannot provide an estimate of final claim outcomes. I can opt out of billing before a claim is submitted, but not after..
2. I understand that it is my responsibility as the policy holder to understand the scope, limits and benefits of my insurance policy. I should direct all of my questions to my insurance agent or payor. It is not the responsibility of the provider to explain the scope, limits and benefits of my policy, or to justify or explain the benefits allowed in the patient's EOB.
3. I understand that a payment may be taken at the time of service by the provider and will be applied against the claim settlement amount on the EOB provided by the payor once the claim has settled. Payments made on the date of service are not considered 'Paid-in-Full' until the claim is settled by the payor and an EOB is provided.
4. I understand that any and all denied/disallowed procedures (treatments/therapies/services) on the EOB are my responsibility and will be billed to me at the current discounted insurance rate. CPT codes 97124 (massage) 97026 (infrared heat) 0552T (low level laser) and others may not be covered, however if they have been prescribed and performed then they were medically necessary even when your payor disagrees.
5. I understand that anything labeled as 'Patient Responsibility' on the EOB is owed directly to the provider by me, minus any payments made on the date of service, or other credits. In most cases the provider will send an email invoice request for payment which must be made within 48 hours. Payments over 5 days late incur a \$35.00 late fee. All invoices over \$100 are charged a \$2.50 payment processing fee. Payments over 30 days incur a 3% monthly administrative late charge and are sent to an attorney for collections. All late and collections fees are my responsibility.
6. I understand that any benefits paid directly to me must be immediately delivered to the provider within 48 hours of receipt. All settlement benefits are owed to the provider.
7. I understand that a minor/dependent patient's billing is the responsibility of the parent/guardian.
8. I authorize the provider to release any information (medial records, SOAP notes, etc.) necessary to adjudicate the claim, otherwise known as a 'Release of Records' for any and all claims.
9. Our office does not accept "Travel Insurance" or out of USA policy claims.

**Accepting Terms Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OR

**Declining Terms Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_