

## Patient's Assignment of Benefits (AOB)/ Financial Responsibility Terms

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

Provider: Dr. Forester Dean DBA Spine Sync EIN# 852215758, 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 filing a claim as a courtesy, and that I am authorizing the provider to file a claim on my behalf at my request, rather than filing a claim 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. The provider is not responsible for processing the claim to completion, only 2 attempts will be made. If the claim is denied or the claim becomes problematic, I will be responsible for completing the claim, and I will be required to pay the Insurance Billing Rates to the provider (for services given on the date of service) within 5 business days of being invoiced. I can opt out of filing a claim before a claim is submitted, but not after. Insurance billing rates can be found at: [www.spinesync.org/downloads](http://www.spinesync.org/downloads) "Insurance Billing Rates."
2. I understand that it is my responsibility as the policy holder to understand the scope, limits and benefits of my insurance policy, and 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. It is not the responsibility of the provider to know deductibles, payout rates, co-pays, and the like.
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 once the claim has settled, and payments made on the date of service are not considered 'Paid-in-Full' when filing a claim.** Once a claim has settled and evidence is issued by the provider, the settlement amount becomes immediate patient debt; the provider is not required to wait for payment from the payor. "Processed" claims do not imply "settled" claims. I understand that my payor determines the final value of my claim, and is not determined by the billed amount by the provider.
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 Insurance Billing Rates.** 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 once a claim has settled with an offer by the payor or their agent and accepted by the provider for payment in full, payment must be received by them within 14 business days. If the settlement check does not arrive within 14 business days of the settled claim, it is the responsibility of the patient to make the payment directly to the provider within 48 hours of notification by the provider regardless of any promises by the payor that a check has been mailed.
6. 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 business days late incur a \$35.00 late fee. Payments over 30 calendar days incur a 3% monthly administrative late charge and a \$150 administrative collections fee, plus attorney's fees and court fees are my responsibility. Unpaid invoices will go to small claims court as noted on the attorney's demand letter.
7. 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.
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.

**Accepting AOB (Bill my Insurance):** \_\_\_\_\_ Date: \_\_\_\_\_

**Declining AOB (Don't bill my insurance):** \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a copy of this page today for my records