

## OFFICE POLICY REGARDING INSURANCE ASSIGNMENT

**Please read the following office policy regarding assignments:**

1. At the beginning of your treatment our office will make every attempt to verify your policy benefits, however, this office DOES NOT guarantee your insurance policy or payments.
2. Your insurance will be filed as a courtesy to you. We file insurance claims on a \_\_\_\_\_ basis.
3. You will be charged \$\_\_\_\_\_ for a missed appointment unless you contact our office within \_\_\_\_ hours.
4. We will be charging interest of \_\_\_\_\_% on unpaid balances.
5. You will be responsible for your deductible and co-payment. If your insurance company does not pay something that was anticipated, you will be responsible for the amount as soon as we/you are aware of the denial.
6. Your insurance should pay within 45 days from the date in which it was filed.
7. By taking your insurance on assignment, our office agrees to wait for a portion of your bill for an estimated amount of time. In the event that your insurance company does not pay on a timely basis, you may be asked to contact your insurance carrier.
8. If your insurance company mails a check directly to you for our services, you must bring the misdirected check to our office within 48 hours.
9. Any overpayments made by your insurance company which credits your account will be refunded to them. However, any overpayments or errors in amounts paid which does not credit your account will be your responsibility.
10. If you discontinue care without the doctor's authorization, the balance on your account is due and payable immediately, even if your insurance has been filed. (If your insurance does pay, after your account has been paid, refunds will be sent to you.)

**I have read and understand the policy regarding insurance assignments. I realize that I am responsible for all charges incurred by me at this office.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date