

ANESTHESIA CARE OF TULLAHOMA, P.C.

Patient Assignment of Benefits

I hereby assign medical benefits due to me to be paid directly to the Anesthesia Care of Tullahoma, P.C. I hereby consent to the release of medical records when necessary for billing and reimbursement. I understand that a photocopy of this release is as valid as the original.

Financial Policy

It is our policy to bill your insurance carrier as a courtesy. However, it is your responsibility as the patient to provide, in a timely manner, a valid insurance card with correct insurance and subscriber information for the date of service for which your care will be provided. Arrangements for payment of your co-insurance and/or deductible should be made before your medical service is provided, otherwise, it is due and payable within 30 days of notification of such debt.

If within 60 days your insurance has not remitted payment on your account, the balance is due in full from you. Any excessive payments will be refunded. You recognize an obligation to forward to the Anesthesia Care of Tullahoma, P.C., any payment received from insurance carrier(s) to you, but are due to the Anesthesia Care of Tullahoma, P.C.

If collection efforts must be pursued, you will be held responsible for the collection agency and/or attorney fees.

The above does not apply to a patient, who has **prior pre-certification** to be covered under workman's compensation benefits **for anesthesia services**. However, be advised that you will be held responsible for your account in the event your claim is converted by the employer's workman's compensation company or if any lawsuit or conflict regarding payment should occur.

I have read all the above and by signing agree with, understand and accept responsibility for all of its contents.

Signature of Patient: _____

Date: _____

Signature of Representative: _____

Date: _____

Patient Surgery Chart Label