

# Insurance Patients Only

## Assignment Of Benefits Agreement

Our office is pleased to accept your insurance assignment. We offer this service as a courtesy to our patients. However, it must be clearly understood that the "contract" is between the patient and the insurance company, the account thereby being the responsibility of the patient for any amount not paid by the insurance company. The following is a statement of our policies governing insurance claims.

- I. Although we are willing to complete insurance information forms and submit a claim on behalf of the patient, we do not accept responsibility- under any circumstance- for the outcome of the transaction. Completing insurance forms is a courtesy we extend to our patients in an effort to maximize their likelihood of obtaining insurance reimbursement. By having our office process insurance forms, the patient agrees to accept liability for those forms. Alternatively, a patient may fill out his/her own insurance forms and bill the insurance directly.
- II. The patient will pay their deductible and co-payment (the amount not covered by the insurance company) at the time services are rendered.
- III. Insurance payments ordinarily are received within 30 to 60 days from the time of billing. If a patients insurance company has not made payment to our office within 90 days, we may request the patient to pay the balance due and then seek reimbursement from the insurance company.
- IV. Our office does NOT guarantee that the patient's insurance company will pay. We will perform our routine insurance billing procedures upon verification of coverage. However, if for some reason, the patient's insurance claim is denied, the patient is then considered to be responsible for the full amount of the bill.
- V. Our office will not enter into a "dispute" with an insurance company over any claim, although we will work with the insurance company to sort out any confusion or questions which might arise. We will cooperate fully with the regulations and requests of the insurance companies. It will be, however, the responsibility of the patient to handle with the insurance company any type of dispute over payment by the company.
- VI. Insurance companies pay on the percentages that they quote to you up to a certain amount. This certain amount is sometimes referred to as the "UCR" (usual and customary rate) or "maximum allowable charge." It is impossible for our office to know the "UCR" for every insurance company, so we will estimate your portion based on our fees. If your insurance company covers less than what was expected, you will receive a statement for the difference. If at any time you are confused about charges or payments, please call us and we will be happy to help you.

If you understand and agree to all of the above office policies, please sign your name below and we will accept your insurance assignment.

\_\_\_\_\_  
Signature of Patient/Responsible Party

\_\_\_\_\_  
Date

**I authorize you to debit my credit card if you have not received payment from my insurance company within 60 days of receiving treatment.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

Maximum that Harmony may charge my card without contacting me to cover treatment costs:

\$15    \$25    \$50    Other\_\_\_\_\_

**\*This will serve as the responsible party's signature on file for the purpose of administering insurance benefits.**