

MACKAY, NUNN & BEDFORD, MD
Insurance Assignment Agreement

Our office, as a courtesy, will file your claim to your insurance company. *We must make it clear that insurance contracts are between you, the patient, and your insurance company. You are responsible for any amount not paid by your insurance company. (_____initials.)*

Please be aware that *it is ultimately the patient's responsibility to be aware of their coverage and benefits, and whether the provider you choose is in your network, and if a referral is needed, if applicable. (_____initials.)*

By accepting your insurance on assignment, we are extending you credit. This courtesy may be withdrawn if circumstances below warrant. All of the following are applicable to your agreement except any unfilled lines.

It is imperative that you understand these conditions and agree to them:

1. You are required to sign informed consent and medical records release forms as well as any other assignment documents required by this office and your insurance company.
2. **Co-pay/Co-Insurance, deductible payments and fees for non-covered services are due at time of service.**
3. Your insurance company should provide an Explanation of Benefits to our office and the patient within 30 days of your office visit. **If your insurance has not paid within 75 days, then you will be responsible to pay the balance due, and if not paid within 90 days the account is considered within default. You are responsible for all fees resulting in and associated with the collection of any outstanding balance.**
4. **Our office does not guarantee that your insurance company will pay for services provided.**
5. **If your insurance claim is denied, you are responsible for the full amount of your balance.**
6. Our office will not enter into a legal dispute with your insurance company over any claim. **This is ultimately your responsibility and obligation.**

Patient Name (Printed)

Patient Signature

Date

Witness

Date