

INSURANCE AUTHORIZATION/ASSIGNMENT AND PATIENT PAYMENT AGREEMENT

It is our desire to assist our patients whenever possible. The following agreements allow you, our patient, to receive the care you need while fully understanding our services and policies.

This office is authorized to release any information deemed appropriate concerning your physical condition to any insurance company, attorney or adjuster in order to process any claim for reimbursement of services rendered.

When possible, this office is authorized to accept assignment of benefits. We will bill and receive direct payment from your insurance company. Waiting for insurance payment is a courtesy offered by this office. We reserve the right to withdraw this courtesy at any time.

***MEDICARE PATIENTS PLEASE NOTE THAT MEDICARE DOES NOT COVER X-RAY OR EXAMINATION FEES. YOUR SECONDARY INSURER WILL BE BILLED. YOU WILL BE RESPONSIBLE FOR X-RAY FEES, EXAMINATION FEES, DEDUCTIBLES AND MEDICARE CO-INSURANCE FEES.**

All deductible amounts must be paid by you in advance. You must also stay current with your percentage of responsibility. This should be paid in monthly intervals.

If you receive a payment from your insurance carrier when our office has accepted assignment of benefits, it is your responsibility to forward endorsed insurance checks or pay, in full, the balance due to this office within a reasonable period of time.

This office can NOT guarantee that an insurance company will make payment of submitted claims. In the event that insurance company disputes, rejects or makes only partial payment on claims, it will be the patient's responsibility to pay, in full, all balances due.

If necessary, payment plans can be arranged for patients without insurance as well as insured patients with large post-insurance balances.

All accounts with overdue balances will be assessed a finance charge of 1.5% per month, or 18% annual percentage rate, after the 30 days.

I have read the above provisions and in consideration of your undertaking to provide treatment for me, I hereby agree to abide by stated provisions of this program as specified above.

Signature

Date

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