

Assignment of Benefits

Financial Responsibility

All professional and medical services rendered are charges to the patient and are due at time of service, unless other arrangements have been made in advance with our business office. Necessary forms will be completed to file for insurance carrier payments.

Assignment of Benefits

I hereby assign all medical benefits, to include major medical benefits to which I am entitled. hereby authorize and direct my insurance carriers, including Medicare, private insurance and any other health medical plan, to issue payment check(s) directly to WellCare, TCCM for services rendered to myself and/or my dependents regardless of my insurance benefits of any period. I understand I am responsible for any amount not covered by insurance.

Authorization to Release Information

I hereby authorize WellCare TCCM: (1) release any information necessary to insurance carriers regarding my illness and treatment; (2) process insurance claims generated in the course of examination of treatment; and (3) allow a photo copy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

I have requested medical services from WellCare TCCM on behalf of myself and or my dependents, and understand by making this request, I become fully financially responsible for any or all charges incurred in the course of the services authorized.

I further understand that fees are due and payable on the date that the services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

Patient/Responsible Party Signature

Date

Witness

Date