

**ASSIGNMENT OF BENEFIT FOMR
RESPONSIBLE PARTY INFORMATION SHEET**

This is an Agreement to obtain medical services, assignment of benefits, and authorization to release medical information.

NWA Gastroenterology will file your insurance as a courtesy to you, if for any reason insurance does not pay in a timely manner (60) days after a claim is filed you will become responsible for the bill. We may ask for your assistance in getting your insurance to pay. If your insurance requires a referral by your Primary Care Physician, you are responsible to obtain that referral and make sure we get a copy of it on or before you appointment. You are primarily responsible for any amount not paid by your insurance. We do require that you sign that you will be responsible for any amount not paid by insurance. Co-pay, deductible amount and or percentage will be due at time of visit.

Self-pay are required to pay at time of service unless other arrangements have been set up through the Office Manager prior to appointment. We do except all major Credit Cards, Cash or Personnel checks.

Responsible Party Signature

Date

Assignment of Benefits

I request that payment of authorized Medicare benefits or other third party insurance benefits be made to NWA Gastroenterology Clinic for services furnished to me by their providers, I authorize any holders of medical information about me to release to NWA Gastroenterology Clinic, and its agents, any information needed to determine benefits payable for related services.

Responsible Party Signature

Date

Medical Records Release

NWA Gastroenterology Clinic is hereby authorized to furnish any insurance company, other third party payer, hospital or physician any and all information medical Records it may have concerning the patient identified above, including but not limited to medical history, reports, consultations, precipitation, treatment including x-rays and all other requested information and /or documentation pertaining shall be considered as valid and effective as the original.

Responsible Party Signature

Date