



Updegraff Clinic for Allergy and Dermatology

ASSIGNMENT OF BENEFITS

Patient's name: _____ Date of birth: _____ Today's date: _____

_____ (Initial) I acknowledge that all of the information supplied on the patient registration form is true and correct. I have provided all relevant and accurate information necessary to facilitate prompt payment of the claim, including preexisting provisions.

_____ (Initial) I have disclosed all information regarding supplemental insurance policies, work related injuries, military insurance, or other insurance coverage through an employer or spouse plan.

_____ (Initial) I acknowledge that due to policy provisions and federal law, the office is contractually obligated to collect copayments, coinsurances, deductibles, or any other patient responsibility balances.

_____ (Initial) I hereby authorize and request that payments under my insurance plans be made directly to Updegraff Clinic for any services furnished to me. I authorize the provider to release any additional information necessary to adjudicate the claim, including any information relating to alcohol abuse, drug abuse, and/or AIDS/HIV.

_____ (Initial) Should collection measures become necessary, I understand that the patient (or other responsible party) is liable for all costs of collection and reasonable attorney fees. Patient hereby waives his/her confidentiality rights should collection action become necessary.

INSURANCE PLANS ACCEPTED BY UPDEGRAFF CLINIC FOR ALLERGY AND DERMATOLOGY

Updegraff Clinic for Allergy and Dermatology is contracted with most insurance plan preferred providers. Please ask the receptionist for a current list of insurance plans accepted.

OUT-OF-NETWORK AND MULTI-PLAN INSURANCE

If Updegraff Clinic for Allergy and Dermatology is not contracted with your insurance company, you may have out of network benefits available to you under the plan.

PAYMENT FOR COSMETIC PROCEDURES

All cosmetic procedures must be paid with cash or credit card. Checks are not accepted.

FORMS OF ACCEPTABLE PAYMENT

Updegraff Clinic for Allergy and Dermatology accepts the following payment methods: Cash, personal checks (except for cosmetic procedures), CareCredit, Visa, MasterCard, and American Express. **If you do not have insurance, we require full payment at the time of service. Requests for financial arrangements must be made prior to your appointment and/or services rendered.**

By signing below I acknowledge and agree to the above terms, conditions, and financial obligations for services rendered by Updegraff Clinic for Allergy and Dermatology, P.C.

Patient/Guardian Signature

Date