Dr. Eva Turner 10 East 704th St, Orangeburg NY 10962 845-359-5599

INSURANCE ASSIGNMENT AGREEMENT

You have selected “INSURANCE ASSIGNMENT” as the method of choice to take care of your financial obligation with this office.

It is important that you realize that in this office we offer the option of “INSURANCE ASSIGNMENT” strictly as a courtesy to our patients, and as such our patients must understand and agree to following:

1. That you are considered a cash patient until you bring in completed insurance forms and this office qualifies and accepts your coverage.

2. That you are ultimately responsible for full payment of any and all services rendered.

3. That you must pay all deductibles in full.

4. That co-insurance must be paid at the time of service or at the end of each and every week.

5. That if your carrier has not paid a claim within 60 days of submission, you are responsible to take an active part in the recovery of your claim and that after 90 days you will be responsible for payment in full of any outstanding balance.

6. That in the event you discontinue your program of care prior to doctor’s consent, you are responsible for payment in full of any outstanding balance and the courtesy of insurance assignment is immediately discontinued.

This insurance assignment policy must be followed and we ask that you sign this form as acknowledgement that our policy was explained to you, that you understand it and that you accept full responsibility.

Patient’s Name_____

Patient’s Signature_____ Date_____

Address _____

City, State, Zip _____

Witness signature_____ Date_____