

# ADVANCED HEART CARE, P.A.

## PATIENT ASSIGNMENT OF BENEFITS

### FINANCIAL RESPONSIBILITY

All professional services rendered are charged to the patient and are due at the time of services, unless other arrangements have been made in advanced with our practice financial counselor. Necessary forms will be completed to help expedite insurance carrier payments. However, YOU ARE responsible for all fees, regardless of insurance coverage.

### ASSIGNMENT OF BENEFITS

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan to issue payment check(s) directly to ADVANCED HEART CARE, P.A.

### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize ADVANCED HEART CARE, P.A. on behalf of my dependants, or myself and I understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized. I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges uncured in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

I will pay fees for today's charges by CASH CHECK VISA/MC

\_\_\_\_\_  
PATIENT/RESPONSIBLE PARTY SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED PATIENT NAME

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE