

Central Primary Care

PATIENT ASSIGNMENT OF BENEFITS

FINANCIAL RESPONSIBILITY

All professional services are charged to the patient and are due at the time of services, unless other arrangements have been made in advance with the office manager. 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 benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s) to issue payment check(s) directly to Haresh Sawlani for medical services rendered to my dependents regardless of my insurance benefits. I understand that I am responsible for any amount not covered by insurance.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Dr. Haresh Sawlani to furnish and/or release any information necessary to insurance carriers concerning my illness and treatments, to process my insurance claim acquired in the course of my examination or treatment and to allow a photocopy of my signature to be used to process my insurance claim for the period of lifetime. This order will remain in effect until revoked by me in writing.

I have requested medical services from Dr. Haresh Sawlani and I understand that by making this request, I become fully financially responsible of any and all charges incurred in the course of treatment authorized. I further understand that the fees are due and payable on the date that 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 SIGNATURE

DATE