



Consent to Bill Insurance, Financial Policy, and Receipt of Privacy Policy

Patient Name: _____ DOB: _____

**Financial Policy
Consent to Bill Insurance, Authorization, and Release**

I understand my insurance company will be billed on my behalf and that I am responsible for all fees, deductibles, co-payments, and any unpaid balances of my bill. Payment in full is due at the time of service unless other arrangements have been made. ____ (initial)

NOTE: Bring your vision and medical insurance cards to your appointment. If no insurance card is available, please provide the name of the insurance company and the ID or member number in the spaces below.

Ins. Co.: _____ ID # _____

Primary Subscriber Name: _____ Primary's DOB: _____

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payers and/ or health care practitioners. ____ (initial)

I authorize and request my insurance company submit payments directly to my doctor benefits that are otherwise payable to me. ____ (initial)

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my or my dependent's behalf. ____ (initial)

I also acknowledge and agree that in the event I do not pay for services rendered, AllCare for Women, LLC may place my account with a collection agency. A collection fee of 50% will be added to the past-due balance in the event the terms are not met in addition to reasonable attorney fees and court costs incurred in collection of my past- due amount. ____ (initial)

I authorize the release of any information including the diagnosis and records of any treatment or examinations rendered to me or my dependent to: _____

X _____
Signature of patient (parent/ minor) Date

HIPAA Privacy Policy Acknowledgment:

I have received or was offered and declined a notice of privacy practices.

X _____
Signature of patient (parent if minor) Date