



Hector Fabregas, M.D.

2229 N Commerce Parkway Suite F Weston FL 33326 / Tel.:954.349.6378

FINANCIAL POLICIES AND ASSIGNMENT OF BENEFITS

FINANCIAL POLICIES

We will need to discuss our fees prior to the beginning of your treatment. Payment of fees for services rendered is expected at the time services are provided. We file insurance as a courtesy to our patients. However, we do require co-payments to be paid at the time of the service. We accept cash and checks. Returned checks are subject to a \$20 fee.

Since our profession is based on an appointment schedule, our policy is to charge for missed appointments, unless your appointment is cancelled within 24-48 hours in advance.

INSURANCE ASSIGNMENT AND RELEASE

I, the undersigned, have insurance coverage and assign directly to Hector Fabregas, M.D. P.A., all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of his signature on all my insurance submissions. I am responsible for any fees that Hector Fabregas, M.D. P.A., incurs for the full collection of payments.

Signature of Patient/Guardian: _____ Date: _____

MEDICARE AUTHORIZATION

I request the payment of authorized Medicare benefits be made either to me or on my behalf to Hector Fabregas, M.D. P.A., for any services furnished me by that physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits of the benefits payable for release of medical information necessary to pay the claim. If "other health insurance" is indicated in item 9 of the HCFA 1500 form, or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and noncovered services. Coinsurance and deductible are based on the charge determination of the Medicare carrier.

Signature of Patient/Guardian: _____ Date: _____