

CONSENT AND ASSIGNMENT OF BENEFITS

Bay Surgical Specialists, PA is contracted to various health insurance programs, including Medicare, and accepts assignments only for those health insurances. If a contract exists between my insurance company and Bay Surgical Specialists, PA, Bay Surgical Specialists, PA will file my health insurance. I request that payment be made by my insurance on my behalf to Bay Surgical Specialists, PA. I agree to pay any portion of my charges rendered by Bay Surgical Specialists, PA that my contracted health insurance determines is my responsibility. In the event a charge is determined to be cosmetic, I agree to pay for the cosmetic services in full at the time service is rendered.

If I do not have a health insurance plan that Bay Surgical Specialists, PA is contracted with, I agree to pay all fees in full at the time services are rendered.

I understand that I am ultimately responsible for payment of my medical bill. If it becomes necessary for Bay Surgical Specialists, PA to collect payment, I understand that I will be responsible for legal costs, including attorney's fees.

I understand that as a result of refusal to sign this form, or if I have altered this form in any way, Bay Surgical Specialists, PA may refuse to diagnose and treat me. I have the right to revoke this consent and assignment of benefits in writing except for services that have already occurred.

Printed Patient Name or Personal Representative _____
Date

Signature of Patient or Personal Representative _____
Date

MEDICARE PATIENTS (only) MUST ALSO READ AND SIGN BELOW

I request that payment of authorized Medicare services rendered by Bay Surgical Specialists, PA be paid to Bay Surgical Specialists, PA I agree to pay any portion of my charges rendered by Bay Surgical Specialists, PA that Medicare determines to be my responsibility. In the event a charge is determined to be cosmetic, I agree to pay for the cosmetic services in full at the time services are rendered.

Patient Signature _____
Date

Witness Signature _____
Date