

Dr. Alfred J. Rodriguez  
6310 West Parker Rd.  
BLDG. 1 Suite 215  
Plano, Texas 75093

Financial Policy

I hereby assign any and all medical and/or surgical benefits to include major medical benefits to which I am entitled including private insurance and any other health plan to Alfred J. Rodriguez, M.D. This assignment will remain in effect until revoked by me in writing. A photocopy of this statement is to be considered valid as an original.

- I understand that I am financially responsible for all charges whether or not paid by said insurance.
- I realize it is my responsibility to provide this physician's office with current health insurance coverage information at the time of my visit.
- I understand if I choose not to provide current Insurance to this office I waive my right to the contractual discount my Insurance company may offer for certain services.
- I understand that if I choose to file my own insurance claim at a later date and I did not provide my insurance card at the time of service, the office is not legally responsible for refund of any moneys for past service to include labwork.
- I understand the services I am requesting from this physician may be deemed elective and/or not medically necessary by my insurance company and may not be paid.
- I understand that my benefits are verified as a courtesy by this physician's business office and said business office is not responsible for guaranteeing payment by my insurance company.

I hereby authorize said assignee to release all information necessary to secure payment. I understand that I may be billed for any missed appointments not cancelled without 24-hour notice. I also understand that my insurance will not pay for missed appointments.

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_