

ASSIGNMENT OF BENEFITS

MillTown Family Medicine
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PLEASE READ!

All self-pay charges are due today unless other arrangements have been made in advance. We have limited access to information about your insurance from your company so please keep in mind that you are ultimately responsible for knowing the specific details of your own coverage.

We will submit two accurate claims to your medical insurance company seeking payment for the services we provided. To allow us to accurately submit your claim to your insurance company, we need the most up-to-date information found on your insurance card---**so please remember to bring your insurance card each time you come to the office.** Our relationship is with you and not your insurance company. While the filing of claims is a courtesy that we extend to our patients, all charges are strictly your responsibility. We encourage you to inquire about and explore your benefits with your employer or insurance carrier.

In addition, there will be a \$10 processing fee if the most CURRENT co-pay is not paid at the time of your visit. This amount is reflected on the most up-to-date insurance card. No Exceptions.

If you need to cancel your appointment, please notify our staff at least 24 hours in advance to avoid the cancellation fee (\$25), and to allow that time to be offered to other patients. **No Exceptions.**

Payment in full of any past due balances is expected prior to being seen in the future.

Assignment of Benefits:

I have read and I understand this financial policy. I authorize payment of medical benefits to MILLTOWN FAMILY MEDICINE for professional services provided. I understand that I am financially responsible for all charges not covered by my insurance. I authorize the release of any and all information necessary to process my insurance claims.

Signed _____ Date _____
Subscriber/Guardian

Please read and understand the following:

We only bill to Medical Insurance, using medical codes.

Diagnostic testing may be necessary depending on the diagnosis and may not be covered under your medical policy.

A processing fee will be assessed to any unpaid or incorrectly paid copay at the time of visit, please make sure you have the most current insurance card to avoid excess charges.

You are ultimately responsible for all deductibles, co-insurance, co-payments, and non-covered services.

Balances not paid in full after 60 days may be sent to a collection agency. You will be responsible for all collection and legal fees accrued.

I HAVE READ AND I UNDERSTAND ALL OFFICE POLICIES

Signed _____ Date _____
Subscriber and/or Guardian