

# ASSIGNMENT OF BENEFITS AGREEMENT

**Boreing Vision Clinic** is pleased to accept your insurance assignment. We offer this service as a courtesy to our patients. It must be clearly understood that the “contract” is between the patient and the insurance company, **the account thereby being the responsibility of the patient for any amount not paid by the insurance company.** Following is a statement of our policies governing insurance claims.

- All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver’s license and current valid insurance card(s) to provide proof of insurance. If you fail to provide us with the proper insurance information in a timely manner, you will be responsible for payment in full the day of your visit.
- Although we are willing to complete insurance information forms and submit a claim on behalf of the patient, we do not accept responsibility – under any circumstance – for the outcome of the transaction. Completing insurance forms is a courtesy we extend to our patients in an effort to maximize their likelihood of obtaining insurance reimbursement. By having our office process insurance forms, the patient agrees to accept liability for those forms. Alternatively, a patient may fill out his/her own insurance forms and bill the insurance directly.
- The patient will pay the co-payment (the amount not covered by the insurance company) **at the time services are rendered.** Our office accepts payment in the forms of cash, check, money order, debit, VISA MasterCard, American Express, and Discover.
- Insurance payments ordinarily are received within 30 to 60 days from the time of billing. If a patient’s insurance company has not made payment to our office within 60 days, we may request the patient to pay the balance due and the seek reimbursement from the insurance company when and if they pay. Please be aware that if a balance remains unpaid for 30 days, we will refer your account to a collection agency and you and your immediate family members will not be able to receive any services from our office.
- Our office does NOT guarantee that the patient’s insurance company will pay. We will perform our routine insurance billing procedures upon verification of coverage. However, if for some reason the patient’s claim is denied, the patient is then considered to be responsible for the full amount of the bill.
- Our office will not enter into a “dispute” with an insurance company over any claim, although we will work with the insurance company to sort out any confusions or questions which might arise. We will cooperate fully with the regulations and requests of the insurance companies. It will be, however, **the responsibility of the patient to handle with the insurance company any type of dispute** over payment by the company.

If you understand and agree to all of the above office policies, please sign your name below and we will accept your insurance assignment.

Signature of Patient/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_