

Authorization and Assignment of Benefits

We are delighted to have you as our patients. There are a few items that we feel must be clearly covered before any treatment is done in this office.

1. As a courtesy to our patients we gladly bill insurance companies. It is important that you understand that the payment of your account is your responsibility.
2. You agree to make payment in full of your estimated portion the *day of service*, unless prior arrangements have been made.
3. You agree and take responsibility for and to know and understand your insurance coverage. This is important so that your yearly maximums are not exceeded and deductibles and co-payments are paid at the time of service. **There will be an additional 25% charge each month for delinquent accounts. A co-pay or deductible account is considered delinquent if payment has not been received within 30 days.**
4. You agree to and take the responsibility to make sure that your account will be paid in full within 90 days even if your insurance company has not paid within that time frame.
5. The undersigned specifically agrees to pay all reasonable attorney's fees and court costs in the event legal action is taken to collect on the account. The undersigned further agrees to pay an additional amount representing fifty percent (50%) of the principle balance if the account is referred to a collection agency or attorney for collection. This additional amount is in recognition of the costs associated with said collection action processing.
6. You agree to and are aware that a credit check will be run if financing is necessary for any part of your account.
7. The undersigned authorizes the release of any information deemed appropriate concerning my health condition to any insurance company, attorney or adjuster in order to process any claims for reimbursement of charges incurred at **Horizon Balance and Dizziness Center**,

I have read and fully understand this financial policy. I agree to the terms and conditions set herein.

Signature

Date

Parent Signature/ Guardian

Witness