

### **ASSIGNMENT OF BENEFITS**

I hereby assign any and all insurance benefits to be paid directly to Luis L. Diaz, M.D. and not to exceed the outstanding balance on my account.

I understand Luis L. Diaz, M.D. will bill my insurance company as a courtesy to me. I agree to provide any and all information necessary to bill my insurance company (i.e. claim forms, copies of insurance cards, etc.). If payment is not received from the insurance company within a reasonable period of time (i.e. 90 days), I agree that I am directly responsible for any and all outstanding balances.

I understand that every effort will be made to obtain payment from my insurance company. In the event that my insurance does not process the claim for payment the outstanding balance will be due in full.

I understand that any special financial agreements and/or considerations must be approved by the Administrator of this practice.

Should this account be turned over to an outside collection agency, I agree to pay any and all fees incurred to collect this debt (not to exceed 50% of the amount owed).

Should I fail to keep my scheduled appointment or fail to cancel said appointment within 48 hours, I understand that I will be charged a \$50.00 fee. I understand that this fee is not paid by Medicare, Medicaid or Commercial Insurance Company and I am solely responsible for payment of the \$50.00 charge. I also understand that I will be required to pay this cancellation fee before my next appointment.

Any forms (Ex: FMLA, Disability, Loss of Time, etc..) to be filled out by Dr. Luis L. Diaz, MD or his staff will be subject to a monetary charge up to \$150.00 PER PACKET.

Signature \_\_\_\_\_ DOB \_\_\_\_\_

Date. \_\_\_\_\_

### **CONSENT FOR TREATMENT**

I consent for medical treatment rendered to me/the patient by Luis L. Diaz, M.D., staff or under the special instructions of Luis L. Diaz, M.D. I understand that I am responsible for all charges incurred for said treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Eff. 9/15/21...bjc