

Virginia Ear, Nose & Throat Associates, P.C.

- Consent for treatment

I authorize Virginia Ear, Nose & Throat Associates to provide medical treatment to myself and or my dependent.

- Assignment of Benefits

I request that payment of authorized Medicare, Medicaid or applicable private insurance benefits be paid directly to Virginia Ear, Nose & Throat Associates for services provided under their care.

- Release of medical information

I authorize Virginia Ear, Nose & Throat Associates to release necessary medical information to my insurance company, its agents, or any third party payer in order for payable benefits for these services to be determined.

- Financial Responsibility

I understand that Virginia Ear, Nose & Throat Associates will file my insurance claims as a courtesy; however, I am ultimately responsible for full payment of all charges. I further understand if my account is referred to a collection agency or attorney I will be responsible for all collection costs including 33 1/3% of the total outstanding indebtedness, (which includes but is not limited to principal, accrued interest and late charges) then due, and all costs of collection. I agree to pay the aforesaid attorney's fees and costs of collection whether or not the attorney files suit.

- Referrals/Authorizations

I understand if my insurance company requires a referral, I am responsible for obtaining a referral prior to my visit. If I do not have a referral I will be required to sign a waiver before being seen by the physician and payment in full for services rendered will be collected at the check out desk.

- Missed Appointments

We require at least 24 hours notice if you must cancel an appointment, failure to do so may result in a \$25 "no show" fee.

- Returned Checks

Our office will charge \$25 for any check that is returned for insufficient funds.

I have read the above statements and I understand my responsibilities. A copy of this authorization will be considered as valid as the original.

Signature of Patient or Responsible Party

Date