ARIZONA FOCAL PROSTATE CENTER

# Assignment of Benefits/Payment Policy Form

**Assignment of Benefits**

In consideration of the healthcare services provided to me or my dependent(s) by Arizona Focal Prostate Center, I hereby irrevocably and expressly assign and transfer to Arizona Focal Prostate Center all of the rights, benefits, privileges, protections, claims, and any other interest of any kind whatsoever due under my health insurance contract, plan, or policy. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance, and any other medical health plan, to issue payment, including without limit, all monies, amounts, checks, funds, wire transfers, or recovery of any kind directly to Arizona Focal Prostate Center for medical services rendered to myself or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

**Payment Policy**

We participate in a few select insurance plans, including Medicare. If you are insured by a plan we are not contracted with, payment in full is expected at each visit. If you are insured by a plan we are contracted with, you will be expected to provide your insurance card at the time of your visit.

All patients are required to complete patient information forms prior to being examined by our providers. A copy of your driver's license/identification card and insurance card must be provided to staff in order to verify your insurance benefits. In the occurrence of an insurance change, please provide the information BEFORE your next scheduled appointment in order to allow verification of those benefits.

All co-payments must be paid at time of service. This arrangement is part of your contract with your insurance company. Deductible amounts will be assigned according to your insurance policy stipulations; you are responsible for the amount you have agreed to with your insurance company.

Please be aware that services may be considered non-covered or not medically necessary by Medicare or other insurance companies. You will be deemed responsible for these non-covered services and can contact your insurance company regarding non-payment.

Our practice is committed to providing quality medical service to our patients. Our provider fee schedule/prices (including cash services) are representative of the usual and customary charges/fees in our area. Please let the staff know if you have any questions, concerns, or comments regarding the assignment of benefits or the payment policy information.

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Patient/Responsible Party Signature Date