



Assignment of Benefits

I hereby authorize this medical practice to release any and all information to my insurance companies for purposes of claims administration and evaluation, utilization review and financial audit. This authorization remains valid and effective from the date of signing until revoked in writing by me. I understand that I may request a copy of this authorization. I have read this entire authorization, and do understand the conditions herein. I hereby assign to this medical practice all monies to which I am entitled for medical and/or surgical expense relative to the service rendered by this practice, but not to exceed my indebtedness to said medical practice. It is understood that any monies received from the above named insurance companie(s), over and above my indebtedness, will be refunded to me or my insurance companie(s), as is determined to be appropriate, when my bill is paid in full. I understand I am financially responsible to said medical practice for said charges not covered by this assignment. In the event I default, I agree to pay, whether or not legal proceedings are instituted, a reasonable COLLECTION FEE which shall be 30% of the principle balance for any debt incurred hereunder and to pay all reasonable LEGAL COST as a result of my default, I further authorized the exchange of medical records and/or information concerning my condition with other physicians, allied health providers, or medical facilities, and their designated agents, as determined by this medical practice to be in my best interest.

Acupuncture: I understand that even though I may have acupuncture benefits through my insurance company, there is no guarantee that my insurer will pay for my acupuncture treatment. BodyPoint Medicine must bill the insurance companies by procedure (CPT codes) and diagnosis codes (ICD-9 codes). Every insurance company uses a different payment schedule for the CPT codes. When BodyPoint Medicine files an insurance claim, they are not allowed (by contract) to reduce or write off any portion not paid by the insurer and left outstanding (for example, deductible, co-pays, etc). I understand that due to the cost of additional paperwork, time and billing manpower hours, if BodyPoint Medicine files my insurance and my insurance rejects payment or determines that I do not have coverage, I will be billed for each visit using BodyPoint Medicine’s self-pay fee schedule with a 10% surcharge to cover the additional costs that have been incurred during the insurance filling process.

Insured or Guardian’s Signature _____

Patients Signature _____ **Date** _____