



UroGynecology
SPECIALTY CENTER

A MEMBER OF COMMUNITY FOUNDATION MEDICAL GROUP & PART OF SANTE HEALTH FOUNDATION

All charges are payable at the time of service unless we are a contracting provider with your insurance carrier. This will help us control our costs and fees. Upon payment, a receipt that is accepted by insurance companies will be issued to you.

ASSIGNMENT OF BENEFITS

I hereby assign all medical benefits to Urogynecology Specialty Center. The assignment will remain in effect until revoked to me in writing. A photocopy of this assignment is to be considered as valid as an original. I hereby authorize said assignee to release all information necessary to secure payment.

Lab studies collected in our office are submitted to specific labs as directed by your insurance company. It is the patient's responsibility to inform our office if your insurance company requires a specific lab; otherwise the patient will be responsible for lab services not covered by your insurance company.

Lab name: _____

I understand that I am financially responsible for all charges.

Signed: _____
(patient or guardian if minor)

Date: _____

Patient's Name: _____

HIC Number: _____

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Urogynecology Specialty Center for any services furnished to me, physician, or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services.

Signed: _____
(patient or guardian if minor)

Date: _____