CHARLOTTE EYE
EAR NOSE & THROAT
ASSOCIATES, P.A.

Assignment of Insurance Benefits

I understand that the billing of insurance is a service only and that verification of coverage or authorizations are not a guarantee of payment. I understand that although my doctor may deem these services as medically necessary, my insurance company may not agree and may not cover them. The charges may be "billable", but coverage is based on what my insurance company deems as medically necessary. I further understand that I am financially responsible for charges not covered by my insurance plan.

Benefits will be checked by the scheduler as a courtesy to patients. Additionally, I understand that I am responsible for knowing my insurance plan and its benefits, and that such charges that may not be covered may include but are not limited to deductible amounts, coinsurance costs, and /or co-payments.

Certain insurance plans require authorizations for specific speech codes. Upon my first visit I will be advised of this and will need to follow up with my insurance and scheduler to make sure one has been started and/ or obtained. Upon completion, I will be provided with an authorization number and date range or visit limitation to secure coverage.

Print Name

Date

Signature of Subscriber/Guardian

ONLY MEDICARE PATIENTS:

I understand that there is a coverage cap for therapy services. This includes any previous or ongoing speech therapy, physical therapy, chiropractic services, respiratory therapy, and possibly other therapies. The total coverage for any of these services or combination of these services is $2010 per calendar year. I am responsible for keeping track of these costs so as not to go over this cap. Any services that do go over this cap will be payable to CEENTA as an out-of-pocket charge.

Signature of Subscriber/Guardian