

Assignment of Medical Benefits

I, the undersigned, have insurance coverage with _____ and I _____ hereby authorize PKU Perspectives to bill my insurance carrier or any other payment source. I understand that I am serviced by PKU Perspectives and as a courtesy the office will be billing my insurance company. However, I do understand that should my insurance company send the payment to me, I will forward the payment **within 48 hours** to PKU Perspectives. I also understand that should I not send the payment to the office and the office has to proceed with the collections process; I will be responsible for any cost incurred by the office to retrieve their moneys. I also understand that the office may have to report said payment to the Internal Revenue Service as income.

I authorize my insurance company to pay my benefits directly to PKU Perspectives and I understand that I will be fully responsible for any outstanding balance on my account.

Signature: _____ Date: _____
(Signature of Insured/Guardian)

Receipt of Privacy Act

I, acknowledge that I have received a copy of the HIPAA Privacy Policies from PKU Perspectives. I realize that if at any time I have any questions regarding the HIPAA Privacy Policies and patient rights I may contact the office.

Signature: _____ Date: _____