

Patient Signature On File

Valley Forge Ear, Nose & Throat Associates Division

Patient Name: _____

RELEASE OF INFORMATION – Valley Forge Facial Plastic Surgery Ear, Nose & Throat may disclose any or all parts of my clinical records to my insurance company or companies, or in the case of Workers Compensation claims, to my past or present employer(s), for the purposes of satisfying charges billed by Valley Forge Facial Plastic Surgery Ear, Nose & Throat. This authorization does not cover requests from other parties seeking information regarding my account.

Valley Forge Facial Plastic Surgery Ear, Nose & Throat makes no determination of eligibility or guarantee of payment from the insurance company. I understand that it is the responsibility of the subscriber/patient to verify with their insurance company that Valley Forge Facial Plastic Surgery Ear, Nose & Throat is in their provider network. If they are not in network, I am responsible for payment.

FINANCIAL POLICY - You will be billed for any **non-covered services, deductibles, co-pays and or co-insurances.** Bills are due upon receipt of statement, and if account is not paid within 30 days of statement, account will be considered in default. Accounts that are over days past due may be sent for further collection process and an additional collection fee maybe incurred.

ASSIGNMENT OF BENEFITS - I hereby guarantee payment of all charges incurred at the office of Pinnacle ENT Associates, LLC. I hereby assign and direct to pay any and all benefits for medical services under this claim directly to Pinnacle ENT Alliance, LLC.

THE UNDERSIGNED CERTIFIES THAT EACH HAS READ AND UNDERSTANDS THE ABOVE TERMS AND CONDITIONS.

Patient Signature

Date

Patient's Guarantor or Representative

Date

9/17