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Assignment of Medical Benefits/Financial Responsibility

I, _____, understand that I am seeing Midwest Ear, Nose & Throat, LLC 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 Midwest Ear, Nose & Throat, LLC. 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.

If I am using insurance that is accepted by this medical office, I authorize and assign payment of medical benefits to the office for services rendered. I authorize the release of information contained in the medical record to my insurance as needed to process the claim. I understand that I am responsible for any co-pay at the time of my visit. If additional amounts are due by me after the claim processes as indicated on the insurance EOB (explanation Of Benefits) this office will bill me for these amounts and I agree to pay these amounts within 30 days of receipt of Statement unless payment arrangements have been made with Midwest Ear, Nose & Throat.

If I am not using insurance I agree to the offices self pay policy.

The duration of this authorization is indefinite and continues until revoked in writing.

Printed Name of Responsible Party

Signature of Responsible Party

Date