

FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS:

I agree to pay all bills for my care, including bills that insurance benefits do not pay. This includes

\$87+25,=\$7,21 72 &20081 7 HW10"

\$// 3\$7,(176 &29(5(' %< 0(',&\$,'
, ZDV DVNHG ZKHWKHU DQ\ LQVXUDQFH RWKHU WKDQ 0HGLF
LQVXUDQFH FRYHUDJH , JDYH WKDW LQIRUPDWLRQ WR &KLO
, KDYH UHDG WKLV FRQVHFW IRUP RU KDYH KDG LW UHDG
FRQVHFW LV YDOLG XQWLO UHYRNHG E\ PH LQ ZULWLQJ WR &
%\ VLJQLQJ EHZRZ , DFNQRZOHGJH WKDW , XQGHUVWDQG D
OHJDO DELOLW\ WR FRQVHFW IRU WKH WUHDWPHQW

RU

7HOHSKRQH &RQVHFW 2EWDLQHG
%_____

_____)25 2)),&(86(3\$7/(176 3\$5(176 3/(\$6('2 127 :5,7(,1 7+,6 63\$&()
&203/(7(,) 3\$7,(17 ,6 <(\$56 \$1' 2/'(5
\$GYDQFH 'LUHFWLYHV 'RHV DQ \$GYDQFH 'LUHFWLYH ([LVW"
0HGLFDO"
3V\FKRORJLFDO"
,I \HV KDV DFWXDO \$GYDQFH 'LUHFWLYH
GRFXPHQW EHHQ SODFHG LQ WKH PHGLFDO UHFRUG"
,I QR ZDV \$GYDQFH 'LUHFWLYH ERRNOHW SURYLGHG"