

INTERNAL MEDICINE OF MARIETTA  
140 Vann St NE Ste 350  
MARIETTA,GA 30060.  
PH:770 771 5470  
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Assignment of Benefits

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or other balance not paid for by your insurance.

If this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorneys fees and costs of collection.

To the extent necessary to determine liability for payment and to obtain reimbursement, I authorize disclosure of portions of the patients records.

I hereby assign all the medical/surgical benefits, to include major medical benefits to which I am entitled, including private insurance and other health plans to :Internal Medicine of Marietta.

This assignment shall remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid as original. **I understand I am financially responsible for all charges not paid by the said insurance. I hereby authorize said assignee to release all information necessary to secure the payment. I also authorize the release of any medical or other information necessary to the process or to clarify this insurance.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **NO SHOW FEE POLICY AND FORMS**

**There will be a charge of \$10-20 for forms to be completed.** They will be completed in 2-3 business days and patient will be called when they are ready for pickup. We request patients to call our office and cancel appointments 24 hrs in advance, this enables us to schedule other patients who may be in need of an urgent visit. If you fail to do so you will be charged **a no show fee of \$25.00 ,for each instance.** If you call after hours please leave a message on the voicemail following the prompts and we will get it first thing in the morning on the next business day By signing this form you acknowledge receipt of this policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_