

EMERGENCY CONTACT:

LAST NAME _____ FIRST NAME _____

RELATIONSHIP _____ PHONE NUMBER _____

Billing Information

We will bill most insurance directly for you as a courtesy to our patients. All co pays, deductibles, and co-insurance amount are to be paid at the time of service. Co pays not paid at the time of service are subject to a \$5.00 handling fee. All remaining balances are due upon receipt of statement. All balances are considered past due for balances owed for more than 30 days. All accounts are subject to a \$40.00 reactivation fee to be paid prior to being seen for future visits if the account has been put on a "write off bad debt" status. When an account is sent to collections, this terminates the Patient-Doctor relationship.

I am responsible for the payment of this account regardless of insurance coverage. It is my responsibility to know the parameters and benefits of my Insurance policy. If it becomes necessary to employ an attorney or collection agency to collect balance due, I agree to pay all reasonable collections cost and attorneys' fees. The venue for court proceeding shall be in Benton County.

Assignment of Benefits

I hereby assign all medical and/or surgical benefits to which I am entitled, including Private Insurance and any other Health Plan to: Vista Family Health.

This assignment will remain in effect until revoked by me in writing. A photo copy of this assignment is to be considered as valid as an original. I hereby authorize said assignee to release all information necessary to secure payment. This may include drug and/or alcohol abuse treatment, HIV status, and/or psychiatric information; including records protected by Federal Regulation (42 CRF part 2) as required to qualify for health benefit payment.

If my insurance company sends payment to me for a pending balance, I agree to endorse and forward the check along with the explanation of benefits to Vista Family Health.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

OLD ACCOUNT #- _____ NEW ACCOUNT #: _____

DATE TO ACTIVATE: _____ COMPLETED BY: _____