

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

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, 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
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&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"