



Co-Payments/Assignment of Benefits/Confidentiality/Release of Information/Privacy Practices

Co-Payment

Please note that Co-Payments will be collected at the beginning of each visit and can be paid in any manner you choose. Please see your health insurance card or contact your insurer to understand the co-pay amount and any possible additional financial responsibilities as these may differ by plan.

Assignment of Benefits

I request that payment of authorized insurance benefits, including Medicare and/or Medicaid, be made on my behalf to the ClearChoiceMD, PLLC for any equipment or services provided to me by that organization

Statement of Confidentiality and Release of Information

I authorize the release of necessary medical information to ClearChoiceMD, PLLC for the purposes of processing these or any related insurance claims. I also give ClearChoiceMD, PLLC the authority to make available any requested documents contained in my file to myself and/or the other health care providers involved in the treatment of my condition.

Agreement and Notice of Privacy Practices

I understand that I am financially responsible for payment of this account regardless of insurance or third-party involvement. If the account is sent to an attorney or collection agency, I will be responsible for any agency or collection fee and/or court cost. It is my responsibility to notify the organization of any changes in my health care coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim.

By signing the consent form, I also acknowledge that I have been offered a copy of the organizations Notice of Privacy Practices. This acknowledgement is required by the Health Insurance Portability and Accountability Act (HIPAA) to ensure that I have been made aware of my privacy rights.

Any comments, questions or inquiries should be directed to:

ClearChoiceMD,
PLLC 74 Pleasant St,
Suite 204 New
London, NH 03257

Printed Name: _____

Signature: _____ Date: _____