

Central Arizona Pain Institute
Interventional Spine & Pain Management
2100 Centerpointe West Drive
Prescott, AZ 86301

Phone: 928.717.0788

www.centralazpain.com

Fax: 928.717.0748

ASSIGNMENT AND RELEASE OF INFORMATION

I, the undersigned, have insurance with the company (or companies) provided to Eric Baumann MD, PC, and assign, directly, to Eric Baumann MD, PC all medical benefits, if any, otherwise payable to me for services rendered by Dr. Baumann's office.

I understand I am responsible for any co-payments, deductibles, and or **ANY** expenses deemed "patient responsibility" by any insurance company(ies) and for payment of all non-covered services.

I understand I am ultimately responsible for fulfilling any requirements for prior-authorization of service and/or second-opinions required by my insurance company.

I hereby authorize the release of any and all information necessary (including financial/billing and medical records), to my insurance carrier(s), bankruptcy courts, billing, attorney, and/or collection agencies necessary to secure payment of benefits. I further authorize release of any medical records to **ANY** third-party, *to secure and satisfy any and all existing financial obligations on my accounts(s).*

I understand that billing of my insurance carriers(s) is/are done as a convenience to me and, with the exception of Medicare & Medicaid, is not a legal requirement of this office (unless Dr. Baumann is a contracted physician with my insurance carrier). Further, I understand, Eric Baumann MD, PC, *does not, and will not* bill third party insurance, or other payers (i.e. automobile insurance or spouses under divorce agreements, etc.) at any time, and I remain directly responsible for such charges at time of service, and thereafter. Failure, whether intentional or not, of my insurance carrier to obey Arizona's timely filing Statutes does NOT negate my financial responsibility to Dr. Baumann and *I may be required to timely pay for services rendered*, including late fees, interest, and/or court fees; and seek payment, later, to me, from my insurance carrier(s) for those monies due Eric Baumann MD, PC but not paid timely by my carrier directly to Eric Baumann MD, PC.

The filing of any legally recognized "chapter" of Bankruptcy, either before or after care rendered to me, by Eric Baumann MD, PC, will not negate my financial obligations to Eric Baumann MD, PC, or his agent(s). *Further, I understand the delinquent, non-payment of my account, referral to a collection-agency, or referral of my account to any attorney for legal process, automatically suspends any legal or ethical requirements to my continuing medical or surgical needs by Eric Baumann until my account status is rectified to the satisfaction of all parties involved.*

At all times, I understand that should my payment-status change, it is my responsibility to notify Dr. Baumann's office immediately of such changes (i.e. attainment or loss of insurance) and I remain responsible for **ANY** charges, related to my healthcare, rendered to me by Eric Baumann MD, PC, including late fees, interest, penalties, court costs, collection agency costs, legal fees, etc., which result from my failure to pay the balance on my account, or to notify Dr. Baumann's office of such changes in a timely manner. It is also my responsibility to notify Dr. Baumann's office of any changes to address or telephone number on my account.

Responsible Party's Signature

Date