SHINGLE SPRINGS
Health & Wellness Center
Health Care for All

Assignment of Benefits

Thank you for choosing us for your Healthcare needs. We are committed to providing you with excellent care and convenient financial arrangements. Our financial arrangements are based on recommended treatment options, respective fees and patients' financial capabilities.

To confirm your understanding and agreement with our policies, please read the following:

Payment
Payment in full is due at time of service. Our practice accepts cash, checks, Visa, MasterCard and Discover cards.

Insurance
Insurance is a contract between the patient and/or employer and the insurance company. It is not a contract between our office and your insurance company. Our office is committed to helping patients maximize their benefits. Insurance policies vary greatly. Therefore, owing to the complexity of insurance contracts, we can only estimate in good faith, not guarantee coverage. Your estimated patient portion must be paid at the time service is delivered. As a service to our patients, we will bill your insurance company, if the insurance company does not remit payment, you are responsible for the entire balance, and it will be due in full.

Assignment of Insurance Benefits
The Undersigned authorizes, whether they sign as agent of patient, direct payment to SSHWC any insurance benefits otherwise payable to or on behalf of the patient for any/all services rendered at a rate not to exceed SSHWC to this authorization, by an insurance company shall discharge said insurance company of any/all obligations under policy to the extent of such payment. The undersigned understands that they personally are financially responsible for charges both paid pursuant to this agreement.

Release of Information
The Undersigned agrees to the extent necessary to determine liability for payment and obtain reimbursement. SSHWC may disclose portions of the client records, including their health record to any person/agency that is or is not limited to, insurance companies, health care service plans, or workers' compensation carriers. The undersigned understands that special permission is needed for SSHWC to release this information if the patient is treated for alcohol abuse, drug abuse, or HIV related illnesses.

Minors
Payment for services for the treatment of minors is the responsibility of the parent/guardian of the minor.

Financial Consent
The patient (account holder) agrees to be fully responsible for total payment of treatment performed in this office.