

CAROLINAS FERTILITY INSTITUTE, P.A.
FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS

Pre-certification & Financial Responsibility: I/we understand that CFI may contact my insurer to provide information about anticipated courses of treatment. If the insurer determines that the treatment plan is medically necessary and issues certification, my benefits will be paid according to my/our policy terms. *However, if certification is denied, benefits may be withheld.*

I/we also understand that some services do not require preauthorization and may be considered covered when CFI inquires on behalf of the patient. **Benefit payment may be denied, however, based upon the diagnosis code(s) chosen by the provider. I/we understand that diagnosis codes are determined by the medical provider, and I/we are responsible for payment of any claims denied if the insurer determines they are uncovered.**

I/we also understand that I/we are financially responsible for any and all charges incurred as a result of this treatment plan should the insurer either refuse to pre-certify the treatment or retrospectively determine that a service was inappropriate. I understand that to protect myself from unnecessary personal financial obligations, I must review my obligations with my insurance company and referring physician in advance of my appointment.

I have read and understand the above consents _____/_____(Initials)

Assignment of Benefits: I/we hereby assign and transfer to Carolinas Fertility Institute, P.A., all medical provider benefits payable under my insurance policies, and direct the insurance company to pay all such benefits to CFI. I/we understand that this assignment does not relieve us of any responsibility I/we may have for payment of charges not paid by the insurance company.

I have read and understand the above assignment _____/_____(Initials)

I (WE) HAVE READ AND FULLY UNDERSTAND THE AUTHORIZATIONS, CONSENTS, ASSIGNMENTS AND RELEASES PRINTED ON THIS FORM AND FULLY ACCEPT AND CONSENT TO EACH OF THEM.

Date: _____ Print Name(s): _____ , _____

Signatures of responsible parties: _____ , _____