

Financial Responsibility/Release of Information/Assignment of Benefits

I hereby authorize and direct my insurance carrier(s) to pay directly to David B. Ensley, M.D. PC any benefits that may accrue to me under my insurance and/or disability benefits plan(s). I also authorize the release to said insurance carriers any information regarding my illness and/or injury including lab reports, x-rays, and diagnoses needed by my insurance company to process the claim.

I understand that I am financially responsible to David B. Ensley, MD, PC for all charges for myself and my newborn. I understand that any charges that are not covered by this assignment, and any charges that are not paid through this assignment will be billed to me personally because I am personally responsible for them. I agree to pay Dr. Ensley/David B. Ensley, MD, PC for all services provided which are not paid for by my medical insurance carrier.

It is my obligation and responsibility to inform this office in a timely manner, prior to my care, of any changes in my insurance provider and/or insurance benefits as well as any changes in employment.

I understand that Dr. Ensley is an investor in Franciscan Surgery Center because he thinks that it provides the best service on the south side of Indianapolis for outpatient surgery. I understand that I can choose to have my surgery at another surgical facility if I need a surgery.

Signature

Date

Notice for All Medicaid patients

You are responsible for filling out any paper work to determine and secure your eligibility. If you choose to get care here before your eligibility is complete and you are not eligible or you are not approved, you will be held financially responsible. If you do not complete/return paper work, correspondence, or phone calls to the office or to the appropriate authorities with the state and this results in your loss of Medicaid eligibility or the inability or unwillingness of Medicaid to pay, you will be held financially responsible up to and including collection efforts.

Your Responsibilities: 1. You must provide correct contact information to the office, to your insurance, and to Medicaid or we are unable to complete the processes required to get payment for your care. You will then be completely responsible for the cost of your care. 2. You need to complete all your paperwork to go from Presumptive Eligibility to being approved by Medicaid. If you do not, you will lose Presumptive Eligibility and need to reapply for Medicaid. You will need to pay for your care each time you are seen or you will need to seek care elsewhere. 3. If you have private insurance AND Medicaid, or you have 2 private insurance, then you need to tell each of the insurance about the other so they will pay for your claims. If you do not complete or refuse to complete "Coordination of Benefit" paperwork required by Medicaid so they know about your private insurance benefits, you will be held financially responsible. The above would result in you being personally financially responsible for your care, up to and including being reported to a collection agency.

Signature

Date