



FINANCIAL POLICY/ASSIGNMENT OF BENEFITS

Financial Agreement:

- I understand that I am 100% responsible for all charges incurred.
- I understand and agree that it is my responsibility to pay all co-payments, deductibles and estimated co-insurance at the time services are rendered .
- I will inform Ironwood Physicians, PC or Ironwood Cancer and Research Centers of a change in my insurance coverage. If I fail to provide changes to my insurance I will be liable for services rendered but not covered.
- I authorize the release of medical records to process any insurance claim.
- I understand that Ironwood Physicians, PC may request proof of insurance premium payment.

Assignment of Insurance Benefits:

- I hereby assign all medical benefits directly to Ironwood Physicians, PC.

I have read and received a copy, if desired, of this document.

Patient Printed Name: _____

DOB: _____

Patient Signature: _____

Date: _____