FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS

I hereby authorize The OB/GYN Centre to furnish information to my insurance carrier(s) regarding my condition and treatments, and I hereby assign to The OB/GYN Centre all payments for medical services rendered to me or my dependents.

I understand that I am responsible for any amount not covered by my insurance and that I am responsible with my insurance company which services are covered. I will also be financially responsible for any claims no paid by my insurance(s) as a result of my failure to provide accurate and complete insurance information in a timely manner (including secondary coverage).

NAME: DATE:

SIGNATURE:

Do you have secondary (dual) coverage?

Examples of dual coverage:

Medicaid

- Covered under private insurance and Medicaid
  - private insurance can be through yourself, a spouse, or a parent
  - private insurance information is required even if it provides NO maternity coverage

Patients covered by Medicaid are required to notify us of any additional coverage, as all private/commercial insurances must be billed first. Failure to do so is considered an unlawful act according to Chapter 36.002 of the Texas Medicaid Fraud Prevention Act.

Private/Commercial Insurance

- Coverage through your insurance, and your spouse's insurance
- Coverage through your insurance, and your parents insurance, as a dependent
- Both private insurances information is required even if it provides NO maternity coverage

☐ No - I do NOT have secondary coverage

☐ Yes - I have secondary coverage (list below)

NAME OF PRIMARY INSURANCE: INSURANCE PHONE #

GROUP # ID #

SUBSCRIBER / POLICY HOLDER'S NAME: D.O.B.

S.S.N.: RELATIONSHIP TO THE PATIENT

PHONE: EMPLOYER:

THE OB/GYN CENTRE
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