



Whole Health Partners

6211 West NorthWest Hwy.
Suite C-159
Dallas, Texas 75225
214-368-3030

INSURANCE ASSIGNMENT

OFFICE POLICY REGARDING INSURANCE ASSIGNMENT

Our office will accept assignment of your insurance. However, it must be fully understood that your insurance policy is a contract between you and your insurance company. Our office will not enter into a dispute with your insurance company over policy limitations or issues. This is your responsibility and obligation. All charges incurred are your responsibility.

Our office will file your claims for you and assist you in every way possible to ensure benefit recovery. Please read the following regarding assignments:

1. At the beginning of your treatment, our office will make every attempt to verify your policy benefits; however, this does not guarantee your insurance policy or payments.
2. Your insurance will be filed as a courtesy to you. We file insurance claims on a weekly basis.
3. You are required to sign an 'assignment of benefits' form and any other forms required by your insurance company on your first visit.
4. If your insurance company requires their own claim form, you are required to bring in the completed form by your second visit and then as needed.
5. You will be responsible for your deductible and co-insurance payments. If your insurance company does not pay something that was anticipated, you will be responsible for the amount as soon as we are aware of the denial.
6. Your insurance should pay within 60 days from the date in which a claim was filed.
7. If your insurance company mails a check directly to you for services our office rendered, you must bring the misdirected check to our office within 48 hours to avoid any additional fees.
8. Any overpayments made by your insurance company that credits your account will be refunded to your insurance carrier.
9. If you discontinue care without the doctor's authorization, the balance on your account is due and payable immediately, even if your insurance has been filed. In the case that your insurance makes any payments after you have paid your account, we will send those refunds to you.

I have read and understood the above policy regarding insurance assignment. I realize that I am responsible for all charges incurred by me at this office.

SIGNATURE OF RESPONSIBLE PARTY

DATE