NOVA SOUTHEASTERN UNIVERSITY
FAMILY MEDICINE CLINIC

STATEMENT OF FINANCIAL RESPONSIBILITY

PRINT PATIENT NAME ____

1. **PRIVATE INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION**
I hereby authorize and direct payment of my medical benefits to Nova Southeastern University Health Care Center, for any services furnished to me by the physicians. I authorize the physician to release any information, including diagnosis and the records of any treatment or examination rendered to my child or me during the period of such medical services to third party payers and/or health practitioners. In the event that my health plan determines a service to be “not covered”, I will be responsible for the complete charge. I agree to be responsible for payment of all unpaid services rendered on my behalf or my dependents, including any fees for collection services needed.

______________________ ____________________________________
Date Signature of Patient (or Responsible Party)

2. **PAYMENT**
I hereby assume responsibility to pay the costs of all services provided by Nova Southeastern University Health Care Center and its physicians to the patient.

______________________ ____________________________________
Date Signature of Patient (or Responsible Party)

3. **AUTHORIZATION OF PAYMENTS**
I understand that Nova Southeastern University Health Care Center will assist me in submitting my claim to my insurance carrier. I hereby authorize payment directly to Nova Southeastern University and its physician(s) of medical benefits, otherwise payable to me, for the services provided. I understand that I am financially responsible for my health insurance deductibles, coinsurance and non-covered services.

______________________ ____________________________________
Date Signature of Patient (or Responsible Party)

4. **LABORATORY BILLS**
I understand the outside reference laboratory will bill me directly for all laboratory tests performed by the company. I understand that fee schedule (cost) for laboratory tests performed by the Health Center shall be available to the patient upon request.

______________________ ____________________________________
Date Signature of Patient (or Responsible Party)

5. **TEACHING FACILITY**
I have been informed and understand that Nova Southeastern University Student Health Care Center is a teaching facility. I hereby authorized that a physician assistant and/or a resident under the supervision of an attending physician may render my medical care jointly. I authorize the physician assistant and/or resident to communicate my diagnosis and treatment with his or her supervising attending physician, as well as, with other health care practitioners involved in my care. I authorize the admittance of qualified observers, including medical students, during my consultation and/or examination.

______________________ ____________________________________
Date Signature of Patient (or Responsible Party)

6. **MEDICARE LIFETIME SIGNATURE ON FILE**
I request that payment of authorized Medicare benefits be made either to me or on my behalf to Nova Southeastern University Health Care Center for any services furnished me by the physicians. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determination these benefits or the benefits payable for related services.

_________________________ ____
Date Signature of Patient (or Responsible Party)

7. **MEDIGAP AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION**
I request that payment of authorized Medigap benefits be made to either to me on my behalf to Nova Southeastern University Health Care Center for any services furnished to me by the provider of service. I authorize any holder of medical information about me to release to the Medigap insurer any information needed to determine these benefits payable for related services.

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Date Signature of Patient (or Responsible Party)

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Health Insurance Claim Number

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Medigap Policy Number

Revised 5/26/04