

Assignment of Benefits and Financial Responsibility

ASSIGNMENT OF BENEFITS: The undersigned hereby assigns all health insurance benefits and/or Medicare/Medicaid benefits and/or Foundation payments to Urology Cancer Center. A photocopy of this assignment shall be as valid as the original.

FINANCIAL RESPONSIBILITY: The undersigned understands that he/she is financially responsible to Urology Cancer Center as the patient, parent, guardian, and conservator or insured for all charges not covered by the above assignments. Charges not covered by the above assignments may include medical insurance deductibles, co-insurance and out-of-pocket expenses. The undersigned understands that he/she may be asked to sign additional acknowledgements of this financial responsibility.

The undersigned represents that if Patient's insurance policy requires prior authorization, or if Patient is a member of a managed care organization that requires Patient to use a preferred provider, all such conditions have been met.

The undersigned certifies that he or she has read the foregoing, or had the foregoing read to him or her, and is the Patient or Legal Guardian or Power of Attorney duly authorized by and on behalf of the Patient to execute this document and accept its terms.

Patient's Signature/Power of Attorney/Legal Guardian	Date
Responsible Party's Signature (If Not Same as Above)	
Witness to Signatures	