



ANESTHESIA CONSULTANTS OF ATHENS

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Assignment of Benefits

Anesthesia services at this facility are provided by Anesthesia Consultants of Athens (ACA). I understand that I will receive separate bills for their services. I also understand that Anesthesia Consultants of Athens (ACA) may not be participating members of my health plan and that the health plan would therefore consider these services to be non-covered services. Consequently, I understand that if my health plan does not reimburse for these non-participating health care professionals or non-covered services, then I will be responsible for any balance that the health plan declined to pay for such services.

STATEMENT TO PERMIT PAYMENT OF MEDICAL BENEFITS; ASSIGNMENT OF PAYMENT OF BENEFITS; AUTHORIZATION TO CHECK CREDIT.

I request that payment be made of all authorized government benefits for any services furnished to me by Anesthesia Consultants of Athens (ACA). In consideration of Anesthesia Consultants of Athens (ACA) and its physicians advancing or extending credit to me for my care, I hereby assign and transfer to Anesthesia Consultants of Athens (ACA) and its physicians all benefits and payments now due and payable or to become due and payable to me under any insurance policy or policies, under any replacement policies thereof, under any self-insurance program, or under any other benefit plan or program (whether sponsored by the government, my employer or otherwise) for this period of treatment. I also authorize Anesthesia Consultants of Athens (ACA) to check my credit history.

Date Time Signature of Patient or authorized representative

Print name of authorized representative Relationship to Patient Reason Patient is unable to sign

Date Time Signature of Witness