David S. Cross, M.D., Ph.D.

- Pediatric & Adult Otolaryngology
- Head and Neck Surgery

8409 North Run Medical Drive
Mechanicsville, VA 23116
(804) 569-6240

Insurance Authorization/Assignment

Patient Name: _____

Account # (for office use only): _____

Pre-Authorization: Many insurance companies require pre-approval before they will provided benefits to the cost of ear, nose, and throat specialty care. We will look for or attempt to obtain such approval prior to care being rendered. However, unless our agreement with your insurance company states otherwise, it is your responsibility to ensure that your insurance company requirements are met.

Assignment: As a consideration for ear, nose, and throat care received, I authorize any insurance company providing benefits to pay benefits directly to P & A Associates, ENT, P.C. for the account balance due.

I acknowledge that **I am personally responsible** to pay any unpaid balances that represent applicable payment amounts received by my insurance company. This would include co-pays, co-insurance, deductibles, or if I have no insurance coverage, I agree that I am responsible for the entire bill.

If my account must be sent to a collection agency, I understand that I am responsible for the fees associated in collecting the balance on my account.

For the Medicare patient: P & A Associates, ENT, P.C. is a participating provider with Medicare. Therefore, I request that payment of authorized Medicare benefits be made on my behalf to P&A Associates, ENT, P.C. I authorize any holder of medical information about me be released to the Centers of Medicare & Medicaid Services (CMS) and its agent that is required to determine these benefits or the benefits for related services.

I authorize P & A Associates, ENT, P.C. to access data about me from the hospital computer system. I also permit a hospital department or physician's office to fax records that may be required for ENT care.

_____ _____

Patient's Signature (if 18 or older) Parent, Guardian, or Responsible Party Signature

_____/_____/_____

Date