



## Suncoast Rheumatology

13425 S. Belcher Road, Largo, FL 33771  
PHONE (727)223-9610 FAX (727) 303-3193

It is our office policy to inform you of our patient payment procedures. Please review and check the section below that is applicable to you.

\_\_\_\_\_ Commercial Insurance

Co-payments are to be paid at the time of service. You will receive a statement for any balance not covered by your insurance company. You are responsible for deductibles, co-pays, non-covered services, coinsurance and items considered "not medically necessary" by your insurance company.

\_\_\_\_\_ Medicare

Our office will submit your Medicare claim to Medicare and your supplemental / secondary insurance if you have one. Please be aware that you are responsible for deductibles, co-pays and any non-covered expenses.

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### ASSIGNMENT

\_\_\_\_\_ I request that payment of authorized Medicare and insurance benefits be made on my behalf to Suncoast Rheumatology for any services furnished to me by this provider.

\_\_\_\_\_ The signature below authorizes payment of mandated supplemental benefits to Suncoast Rheumatology.

\_\_\_\_\_ I assign the benefits from my insurance carrier (s) to Suncoast Rheumatology for the medical benefits I am entitled to.

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### RELEASE OF INFORMATION

\_\_\_\_\_ I authorize Suncoast Rheumatology to release to my insurance carrier(s) and/or Medicare and its agents and/or my supplemental insurer any information needed to determine benefits or benefits payable for related services.

I have read and agree to the Financial Policy, Assignment and Release of Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

If caregiver signing on behalf of patient please list your name, relationship, address and phone.