



Patient Name: _____

Patient MR#: _____

FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS

To provide timely and accurate payment to Nemours for any services furnished the patient listed above by Nemours physicians and health care providers:

- I certify that the insurance information that I have provided is accurate, complete and current and that no other coverage or insurance exists.
- I assign my right to receive payment of authorized benefits to Nemours.
- I request that payment of authorized benefits be made on my behalf to Nemours* for any services furnished the patient listed above by Nemours physicians and health care providers.
- I authorize Nemours to file an appeal on my behalf for any denial of payment and/or adverse benefit determination related to services and care provided.
- If my Health Insurance Plan will not direct payment to Nemours, I agree to forward to Nemours all health insurance payments which I receive for the services rendered by Nemours and its health care providers.
- I authorize Nemours or any holder of medical information about me or the patient listed above to release to my Health Insurance Plan such information needed to determine these benefits or the benefits payable for related services.

I further acknowledge and agree:

- That I am responsible for all charges for services provided to the patient listed above which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan.
- That I agree to pay all charges which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan.
- I further agree that, if permissible by law, I will reimburse Nemours for all costs, expenses and attorney’s fees that may be incurred by Nemours to collect those charges.
- That this financial form with assignment of benefits applies and extends to subsequent visits and appointments at Nemours

I certify that I have read and understand the above statements, that all of my questions have been answered to my satisfaction, and that I agree with each statement above.

Patient/Person Legally Responsible

Relationship to Patient

Date

***Nemours includes The Nemours Foundation, its operating divisions and sites, and its affiliates and subsidiaries.**