

Hood River

NEUROLOGY

Patient Financial Responsibility & Authorization of Release of Information

Thank you for choosing Hood River Neurology as your healthcare provider. We are committed to providing you with the highest quality healthcare.

Patient Financial Responsibilities

- The patient [or patient's guardian, if a minor] is ultimately responsible for the payment for treatment and care.
- We will bill your insurance for you. However, the patient is required to provide the most correct and updated information regarding insurance.
- Patients are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan.
- Copayments are due at the time of service.
- Coinsurance, deductibles and non-covered services are due 30 days from receipt of billing.
- Patients may incur and are responsible for payment of additional charges if, applicable including charges for returned checks.
- By my signature below, I hereby authorize assignment of financial benefits directly to Dr Elizabeth North DO

Authorization of Release of Information

I authorize the following person/people to discuss any necessary appointments, treatments, medications, test results, or anything else related to my medical care and/or appointment scheduling

Name, Relationship, Phone number

I have read, understand and agree to the provisions of this patient financial responsibility and authorization of release of information form:

Patient or Guardian Signature

Date