



## PATIENT ASSIGNMENT OF BENEFITS AND PAYMENT AGREEMENT

Vein Specialists of the Carolinas (VSC) are pleased to accept your assignment of insurance subject to the verification of benefits by your Insurance Company. We will file your claim forms on your behalf in order to assist you in every possible way.

It is, however, hereby understood that insurance contracts are between you (the patient) and your insurance company. You are responsible for any amount not paid by your insurance company. All patients are required to pay all of their insurance contract obligations, such as: Annual deductibles, office and treatment co payment amounts at time of service.

In accepting your insurance assignment, we are temporarily relieving you of your obligation to pay that portion of our fees normally paid by your insurance company. This courtesy is gladly given; however, it may be withdrawn on the basis of the following circumstances:

1. Your insurance should pay the approved charges within 30 days. If, payment is not received within sixty (60) days, you will be asked to pay the balance due.
2. VSC will continue to bill your insurance carrier for the duration of our medical service being rendered to you based on the above stated conditions.
3. VSC will make every effort to verify and comply with all conditions and requirements of your insurance company. VSC does not guarantee payment by your insurance company, however, in the event your insurance company does not pay your payment for treatments due, you are required to pay the entire amount either way.
4. All disputes arising out of your health insurance policy are matters between you, and your insurance company. VSC will not enter into any dispute with your insurance company regarding your claim.

I have read and understand the contents herein and hereby agree to abide by these conditions, including my assignment of any and all insurance benefits to VSC provided to me by VSC .

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date