

MICHAEL BUBLIK, M.D.
Facial Plastic Surgery
Otolaryngology - Head and Neck Surgery
Allergy

Authorization to Release Information and Assignment of Benefits

Please remember that insurance is considered a method of reimbursing for fees paid to the doctor and is not a substitute for payment. Some companies have fixed allowances for certain procedures, and others pay for a percentage of the charge. It is your responsibility to pay any deductible amounts, co-pays, co-insurance, or any other balance not paid for by your insurance.

I (the patient) consent to the use of stored credit card information to automatically pay for remaining patient balances as put forth in the financial policies.

I directly assign all medical and surgical benefits to Michael Bublik MD APMC and understand that I am financially responsible for all charges not covered by my insurance benefits. I authorize payment to be made to the provider. In the event that the payment is made to the policy holder, I agree to submit payment to this office immediately.

If the account is not paid in full and prior arrangements have not been made, your account(s) may be referred to a collection agency. In the event that your account is referred to such an agency, you will be responsible for all attorney's fees and/or collection fees.

"I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement be as valid as the original. I have read and understand the information of this form. I certify the information is true and correct to the best of my knowledge."

Signature: _____ **Date:** _____