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NOTICE OF ASSIGNMENT OF BENEFITS TO A PROVIDER

An assignment of benefits is an arrangement by which a patient requests that his or her health insurance benefit payments be made directly to a designated person or facility, such as a physician or hospital.

INSURANCE AUTHORIZATION AND ASSIGNMENT OF BENEFITS

Please be advised that the patient's signature or, in the case of a minor or mentally handicapped individual, the signature of a parent or legal guardian now absolutely provides for the assignment of benefits to Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice, authorizing this transfer of payment from the insured to the healthcare provider, Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D., medical practice.

I hereby absolutely authorize Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice, to apply for benefits on my behalf for services rendered to me or my dependent(s) and request that payment be made by my insurance company(ies) and that payments be sent directly to Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice. I understand that it is the policy of Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice to only bill my insurance company(ies) if they participate in that company's network, and if they do not, it will be my responsibility to bill my insurance company(ies) for reimbursement of my expenses.

I certify that I (or my dependent(s)) have active and valid insurance coverage and have supplied Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice with the up-to-date and correct insurance identification card(s) as well as supplied Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice all necessary information regarding the guarantor of the insurance policy(ies) and the necessary information regarding the subscriber(s) eligible for insurance benefits, which is required to submit medical claims for reimbursement. Failure to provide updates to any of the information supplied within may result in denial of payment(s) to Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice and resubmitted claims with corrected updated information that are still denied since the corrected information was not supplied in a timely fashion to Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice, and I understand that it will be my responsibility to pay Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice for those medical services rendered to me or my dependent(s). I understand that I am financially responsible for all charges whether or not paid by insurance.

I understand that this, in no way, relieves me of my primary responsibility to pay for services rendered to me, and if my account is turned over to an attorney for collection or taken to court, I agree to pay any collection fees, reasonable legal fees (25% is deemed reasonable), court costs, and other expenses incurred as a result of said collection or court date. I understand that there is a \$25 fee for returned checks.

I understand that Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice will report to commercial credit bureaus only when an account becomes delinquent. Accounts having no payments within 30 days of the initial debt notice are considered delinquent for payment purposes. Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice will report a delinquent account to the credit bureau if they do not receive a payment within 90 days of the date of the initial debt notification letter. All delinquent accounts are reported as a "collection account" on the consumer credit report. The debt will remain as a collection account while on the credit bureau report; however, any subsequent payment activity is reported to the credit bureaus monthly.

I certify that the information reported with regard to my insurance coverage is correct and I hereby authorize Fort Worth ENT, PA, Jeremy P. Watkins, M.D., John B. McIntyre, M.D., Sean M. Callahan, M.D. medical practice, the release of any information relating to any claim for benefits, in order to process any claim for benefits and to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. Furthermore, I permit a copy of this authorization to be used in place of the original. I may revoke this authorization at any time in writing.

Signed (Patient or Other Person Authorized to Act for Patient)

Date