

SELAH WOMEN'S HEALTH
2216 BUENAVENTURA BLVD
REDDING, CA 96001 530-338-0002
JENNIFER KANG, M.D., F.A.C.O.G.

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize direct payment of medical/surgical benefits to Selah Women's Health for services rendered. I understand that I am financially responsible for all charges incurred whether or not they are covered by insurance. In the event of default, I agree to pay all costs of collection and reasonable attorney fees.

AUTHORIZATION TO REALEASE INFORMATION

I hereby authorize Selah Women's Health to release any medical or incidental information that may be necessary to secure the payment of benefits.

CONTACT INFORMATION AND INSURANCE CERTIFICATION

I certify that the information given by me in applying for payment is correct to the best of my knowledge. I authorize release of all records upon request. I request that payment of authorized benefits be made on my behalf. I further agree that a photocopy of these assignments shall be as valid as the original.

I agree to be responsible for any costs associated with the collection of funds owed to the practice, including but not limited to, collection agency fees, attorneys fees, and court costs. In the event the account becomes delinquent and is assigned to a collection agency, I hereby authorize Selah Women's Health and/or their agent to obtain a copy of my credit report from the national credit bureaus, including but not limited to TransUnion, Equifax and Experian.

Patient/Parent/Guardian (Please print name)

Signature

Date