

NASHVILLE DIGESTIVE DISEASE CENTER

1308 BRIARVILLE RD

MADISON, TN. 37115

P: 615-868-3131 F: 615-868-3192

Financial Agreement:

If you have insurance, we will help you receive maximum benefits by filing for you; however, we will expect payment of co-pays, co- insurance, and deductibles at the time of service. We accept cash, check, and most major Credit Cards. The undersigned individual guarantees prompt payment of all charges related to the collection of the account.

Assignment of Insurance Benefits

I hereby assign benefits to be paid, on my behalf, to Nashville Digestive Disease Center. I understand and agree to be financially responsible for charges not paid within a reasonable period of time by insurance or other third-party payor. I certify that the information given with regard to insurance coverage is correct.

Insurance payments received by the patient for services rendered at the center should be endorsed and sent to *Nashville Digestive Disease Center.*

Release of Information

I authorize Nashville Digestive Disease Center to release all of my medical records when required for precertification and submission of any insurance claims for payment.

Nashville Digestive Disease Center and its agents, and employees who render services to me are hereby released from any and all liability of any nature that may arise from the release of such information.

Certificate

The undersigned certifies that he/she has read and understands the foregoing and fully accepts the terms specified above.

(Patient Signature and Date Signed)