

ANNITA JOHN, MDPC

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Financial Responsibility and Authorization to Process Insurance Claims

Patients and Clients are responsible for all charges incurred by themselves or family members for services. Examples of charges include lab tests, x-rays, prescriptions, dental procedures, vision procedures, physical therapy, vaccinations, personality testing, after-hours visits, and others. We will file insurance claims on behalf of patients and clients; however, that does not guarantee full or partial payment by insurance companies and students remain responsible for any unpaid balances.

I, the undersigned, have read and understand this information and authorize the release of medical and other necessary information to my insurance company to process claims for services rendered. I hereby authorize my insurance company to distribute payment of my coverage directly to the Annita John M.D. P.C. I understand that I am responsible for all charges regardless of my insurance benefits and whether incurred by myself or a family member. I authorize the use of this signature on all insurance submissions. I may elect to pay any bill myself in lieu of submitting a claim for insurance reimbursement. I further agree that if Annita John M.D. P.C. refers all or part of the unpaid portion of any bill to an attorney or agency for collection, I am liable for and shall pay Annita John M.D. P.C.'s attorney fees and/or collection agency fees resulting from the referral. I agree to pay a 30% collection fee, all charges and other costs, including attorney fees that are necessary for the collection of these amounts. _____ (Please initial)