ASSIGNMENT OF BENEFITS / RELEASE OF MEDICAL INFORMATION

Patient/Insured Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize and request that payment of benefits by my primary insurance company

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and my secondary insurance (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_be made directly to River Bay Behavioral Health, LLC (Randall Minteer) for services furnished to me or my dependent. I understand that my insurance company may only cover a portion of the total bill. I further understand that I may be responsible for all charges not covered by this assignment.

In addition, I authorize River Bay Behavioral Health, LLC (Randall Minteer) to disclose any and all written information from the above-named insurance company and/or its designated representatives, at the determination of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Such disclosure shall be for reimbursement purposes for those services received.

I hereby release River Bay Behavioral Health, LLC (Randall Minteer), its officers, agents, employees and any clinical staff associated with my case, from all liability that may arise as a result of disclosure of information to the above-named insurance company(s) or their designate d representatives.

By signing this assignment of benefits and release of information I acknowledge:

1. I am aware and understand that this authorization will not be used unless the above named

insurance company(s) or their designated representatives request records of information for

reimbursement purposes; or seek to take action reference payment for treatment services.

2. I agree to participate and assist River Bay Behavioral Health, LLC or its designated representatives with any appeal process necessary to collect payments for services rendered.

3. I am aware and have been advised of the provisions of Federal and State Statues, rules and

regulations and provide for my right to confidentiality of these records.

4. I understand that this assignment and authorization is subject to revocation at anytime

except to the extent that action has been taken in reliance thereof. In any event, this

authorization will expire once reimbursement for services rendered is complete.

5. River Bay Behavioral Health, LLC (Randall Minteer) is acting in filing for insurance benefits assigned to \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and it can assume no responsibility for guaranteeing payment of any charges from the insurance company(s).

6. A firm contracted by River Bay Behavioral Health, LLC (Randall Minteer) for billing and collection purposes may do billing.

7. River Bay Behavioral Health, LLC (Randall Minteer) is appointed by me to act as my representative and on my behalf in any proceeding that may be necessary to seek payment from my insurance carrier. This includes receiving a copy of my insurance plan’s documents.

8. Should an overpayment take place, a refund check will be mailed to the authorized party

that is due the overpayment.

9. River Bay Behavioral Health, LLC (Randall Minteer) shall be entitled to the full amount of its charges without offset.

I acknowledge receipt of a completed and signed copy of this assignment and release form.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Print Name - Credentials