

CENTRAL MICHIGAN UNIVERSITY HEALTH SERVICES
ASSIGNMENT OF INSURANCE BENEFITS/AUTHORIZATION FOR TREATMENT

I authorize direct remittance of payment of all insurance benefits to which I am entitled, including Medicare, Straight Medicaid, and any other public or private health plan that I may receive benefits under to Central Michigan University Health Services providers for services rendered by them or under their supervision. This assignment will remain in effect for one year or until revoked by me in writing. After initial billing review, any missed charges may be added. A photocopy of this assignment is to be considered as valid as the original.

I understand that University Health Services does not participate with all health insurance plans. Currently, it does accept assignment from Aetna/Cofinity, Blue Cross Blue Shield (Traditional, MESSA, PPO and Blue Preferred Plus), Straight Medicaid and Medicare (Not Medicare Advantage), Priority Health and Priority Health Medicaid, Tri-Care Standard, and the CMU Health Insurance Plan.

It is the patient's responsibility to know the coverage and requirements of their insurance. For specific plan coverage and reimbursement information, it is best to call your insurance carrier using the phone number on the back of your card.

I understand that I am financially responsible for all charges not covered by my insurance. If my account is assigned by CMU to an attorney for collection and/or suit, the practice shall be entitled to reasonable attorney's fees and costs of collection.

I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on this claim, and any specimen(s) or information, to the appropriate source that the assigned provider deems necessary to conclude findings on today's encounter. **This includes any and all information for mental health, substance abuse, and HIV related disorders/diseases.**

I understand that my insurance carrier will provide an Explanation of Benefits (EOB) to the subscriber (e.g., self, parent) regarding services submitted for reimbursement if services are billed to my insurance.

I consent to the performance of such medical and/or surgical procedures that are necessary or advisable.

By signing below, I consent to treatment by University Health Services' medical staff. I also authorize Central Michigan University Health Services to use and disclose my information as described in the Central Michigan University Health Services Notice Of Privacy Practices.

Please check only one box:

- I want my insurance billed. I understand that if I do not have my insurance information available at this time that I must provide it to the business office within 3 business days (including the date of service) or the charges will be placed on my CMU account.
- I DO NOT WANT** my insurance billed or **DO NOT HAVE** insurance. I understand that any services provided to me today will be self pay and will be placed on my personal CMU account unless I pay for them at the business office within 3 business days (including the date of service). I understand that I may request an itemized statement to submit to my insurance carrier should I decide to do so.
- I plan to pay today. I understand that if I decide not to pay today and/or do not return to pay within three business days (including the date of service) the charges will be placed on my CMU account.

Patient's Signature	Date	Printed Name and CMU ID Number
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Parent/Guardian Signature (for minor patient)	Date	Printed Name/Relationship
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