

Client responsibility acknowledgment, release, and payment authorization

Based on your completed Insurance Worksheet, Creative Health Solutions will process your claims with your insurer and help you when you are inappropriately denied reimbursement or under-reimbursed. This includes Creative providing reasonable support such as submitting documentation, refiling claims, providing testimony and other evidence, and advising you as to options and recommended courses of actions. You recognize that you are ultimately responsible for payment of those fees not covered or denied by insurers as well as co-pays, co-insurance, deductibles, etc.

You also authorize Creative Health Solutions to release medical information to the insurer and authorize the insurer to pay Creative Health Solutions directly. Note furthermore that the release authorization is strictly limited to filing and defending claims and you retain all other (HIPAA) rights regarding the information.

Your signature acknowledges and authorizes as discussed above.

Patient name (printed) _____

Adult guardian name (if patient is minor;
printed) _____

Signature _____ Date _____