

DANVILLE RESCUE SQUAD

Assignment of Benefits Authorization, Responsibility for Payment and Acknowledgement of Receipt of Notice of Privacy Practices & Billing Authorization, Responsibility for Payment and Receipt of Notice of Privacy Rights

I understand that I am financially responsible for the services provided to me by Danville Rescue Squad regardless of insurance coverage. I request that payment of authorized Medicare or other insurance benefits be made on my behalf to Danville Rescue Squad for any services provided to me by Danville Rescue Squad. I authorize and direct any holder of medical information or documentation about me to release to the Centers for Medicare and Medicaid Services and its carriers and agents, as well as to Danville Rescue Squad and its billing agents and any other payers or insurers, any information or documentation needed to determine these benefits or benefits payable for any services provided to me by Danville Rescue Squad, now or in the future. I agree to immediately remit to Danville Rescue Squad any payments that I receive directly from any source for the services provided to me and I assign all rights to such payments to Danville Rescue Squad.

I also acknowledge that I have received a copy of the Danville Rescue Squad Notice of Privacy Practices. A copy of this form is as valid as the original.

Patient Signature Date

Patient Representative's Signature Relationship to Patient
Patient unable to sign because

