

William James Brooks, DO, PC
Board Certified - Osteopathic Manipulative Medicine

PATIENT FINANCIAL RESPONSIBILITY FORM

Thank you for choosing William James Brooks DO PC as your healthcare provider. We are committed to providing you with the highest quality healthcare. Please read and sign this to acknowledge your understanding of our patient financial responsibilities policy.

Patient Financial Responsibilities

- Unless otherwise certified in writing by an institution taking responsibility for payment in full, the patient (or patient's representative) is ultimately responsible for payment in full for medical care rendered by Dr. Brooks.

- Unless otherwise certified in writing by an institution taking responsibility for payment in full, the patient (or patient's representative) is required to pay in full at the time of each visit by check, debit, or credit card.

- William James Brooks DO PC is not contracted with any insurance plans.

- Patients (or patient's representative on his or her behalf) who are insured by Medicare, Medicare Advantage, and/or Medicaid **may not submit** the receipt ("superbill") to Medicare, Medicare Advantage, and/or Medicaid for reimbursement.

- Patients who are **not** insured by Medicare, Medicare Advantage, and/or Medicaid insurance policies **may submit** the receipt ("superbill") to their insurance company for processing under the "out of network" or "out of plan" parameters of their policy. Regardless of the insurer's processing of the charges, the patient (or patient's representative) remains responsible for payment in full including co-pays, co-insurance, deductibles, and all other procedures or treatments not covered by their insurance plan.

- The patient (or patient's representative) may incur — and are responsible for full payment of — additional charges that may include, but are not limited to, the bank charge for returned checks, collections expenses, and/or copying fees after the first set of medical records.

Authorization to Release Records

- By my signature below, I hereby authorize William James Brooks DO PC to release to my insurer, governmental agencies, or any other entity financially responsible for my medical care, all information — including diagnosis and the records of any examination or treatment rendered to me — needed to substantiate payment for such medical services as well as information required for precertification, authorization or referral to other medical providers. The patient's insurance company is responsible for copying and processing fees, which must be paid prior to release of records.

- By my signature below, I hereby authorize assignment of financial benefits directly to William James Brooks DO PC for services rendered as allowable under specific third-party agreements. I understand that I am financially responsible for charges not covered by this assignment.

I have read, understand, and agree to the provisions of the Patient Financial Responsibility Form.

Executed on _____ by Patient (Patient Representative) _____

and by William James Brooks, DO, PC _____
James C Brooks, Secretary or William Brooks, DO, President, William James Brooks, DO, PC

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