Rajesh K. Sethi M.D., PLC

4660 Kenmore Avenue, Suite 408, Alexandria, Virginia 22304. Phone 703-751-3500 / Fax 703-751-1613

Neurology • EMG • EEG • Evoked Potentials • Sleep Disorders

Authorization for Assignment of Benefits & Release of Information

I authorize Rajesh K. Sethi M.D. to bill my Health Insurance carrier and further authorize payment directly to Rajesh K. Sethi M.D. of my medical benefits, for services rendered by Rajesh K. Sethi M.D.

I further authorize Rajesh K. Sethi M.D or his designated agent(s), the release of medical information required by my insurance carrier in order to determine benefits to which I am entitled; I permit a copy of this authorization to be used in place of the original.

Financial Agreement

I hereby assume financial responsibility for and agree to make payment in full to Rajesh K. Sethi M.D. for all charges for services or medical supplies furnished for the above named patient if the claim is denied because of inaccurate insurance information.
I also agree to make payment in full if the claim is denied for untimely filing because of my delay in responding to my insurance carrier or Rajesh K. Sethi M.D billing office request for any additional information required adjudicating my claim.
Payment is to be made within thirty (30) days as statements are presented with settlement in full. I certify that the financial information given is true, accurate and complete to the best of my knowledge, and further authorize Rajesh K. Sethi M.D to investigate any and all financial information given concerning all my claims for services rendered to me.

I understand that should my account be placed with a collection agency or attorney for collection, then I agree to be responsible for all costs incurred in the collection of my account, including but not limited to attorney's fees, collection agency fees, interest at 1.5% per month (18% per annum) and all court costs.

_____

Name of Policyholder, Patient or parent/Guardian

_____

Signature of Policy holder, Patient or parent/Guardian

Date: _____