



Dr. David Greenfield  
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[www.virtual-addiction.com](http://www.virtual-addiction.com)

## ASSIGNMENT OF BENEFITS AND PAYMENT GUARANTY

I hereby authorize direct payment to The Healing Center, LLC of any group or individual medical insurance benefits to which I may be entitled and otherwise payable to me in order to satisfy my obligation to pay the charge for me, my child/spouse/dependent's services rendered in the office.

I further understand that I am financially responsible to The Healing Center, LLC for all charges not paid by my group/individual medical insurance benefits and I agree to pay The Healing Center, LLC in full for all services rendered to me/the patient named below. **You are responsible to obtain any and all prior authorizations and referrals necessary to utilize your health coverage. Please be aware that insurance verification or authorization for treatment does not guarantee payment for services.**

**A charge will be made for any appointments missed or canceled without 24 hours prior notice.** I understand certain services and charges may not be covered by insurance. I will be held personally responsible for any non-covered charges.

**In the event my/the patient's account is not paid, I agree to pay all court costs, attorney's fees, and collection costs reasonably incurred by The Healing Center, LLC to collect any balance owing.**

## OBTAINING A REFERRAL OR AUTHORIZATION

If you are a participant of a HMO (health maintenance organization) it is your responsibility to assure that your referral is in our office from your primary care physician. **If you are seen without a referral or authorization at any time, the bill will be your full responsibility at the time of the service.**

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Parent/Guardian