

ASSIGNMENT OF BENEFITS

NOTICE OF INFORMATION:

DATE:

ACT 831 - HB1741/SB548
EFFECTIVE 1/1/24

BEAVERS AND BROOMFIELD IS NOT A PARTICIPATING PROVIDER IN YOUR INSURANCE PLAN. WE MAY CHARGE YOU FOR NON-COVERED SERVICES (PROCEDURES THAT ARE NOT INCLUDED IN YOUR INSURANCE PLAN) AND MAY CHARGE YOU FOR THE BALANCE OF THE BILL FOR THE COVERED SERVICES. WE WILL PROVIDE AN ESTIMATE OF THE COST OF SERVICES AS PART OF THE TREATMENT PLAN (PER THE SUNSHINE ACT). THE TERMS OF PAYMENT THAT APPLY INCLUDE INTEREST THAT WE CHARGE. IN ORDER TO ASSIGN BENEFITS, YOU (THE POLICY HOLDER) MUST NOTIFY YOUR INSURANCE COMPANY ON AN ANNUAL BASIS OF YOUR INTENT TO SEEK CARE FROM AN OUT-OF-NETWORK PROVIDER.

PRINTED NAME: _____ SIGNATURE: _____