ABC Pediatrics PC
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ADDENDUM TO CONSENT TO TREAT

Revocation of Assignment of Benefits and Agreement of Financial Responsibility

This document is an addendum to the "Patient Conditions of Treatment" agreement for the patient named below.

Explanation of Policy Change

An "Assignment of Benefits" is a directive from you that allows your insurance company to pay ABC Pediatrics PC directly for the services your child receives.

Please be advised that for the insurance plan listed below, **ABC Pediatrics PC will no longer accept an Assignment of Benefits.** This means we will not bill your insurance company directly or accept payment from them. As such, for the services covered under this addendum, ABC Pediatrics PC is considered an **in-network provider.**

Under this policy, the new process is as follows:

1. You, as the patient's guarantor, are responsible for the **full payment of all charges at the time of service.**
2. Upon request, our office will provide you with a detailed receipt (a "superbill") that includes all necessary information (e.g., diagnosis and procedure codes) for you to submit a claim to your insurer.
3. As a courtesy, we will electronically submit this superbill to your insurer through our Electronic Data Interchange (EDI) system to facilitate your reimbursement.
4. You are solely responsible for following up with your insurance company to receive any reimbursement you are entitled to under your plan. Your insurer will send any payment directly to you, not to ABC Pediatrics PC.

ABC Pediatrics PC makes no representation or guarantee that your insurance plan will reimburse you for any portion of the services rendered.

Refunds for Overpayment

Upon our receipt of an Explanation of Benefits (EOB) from your insurer, our billing department will reconcile your account. In the event an overpayment has been made, a refund will be issued to you via check or Electronic Funds Transfer (EFT) within thirty (30) days.

Patient Information

Patient's Full Name: _____

Patient's Date of Birth: _____

Insurance Plan: _____

Agreement and Signature

By signing below, I acknowledge that I have read, fully understand, and agree to the terms of this addendum. I hereby revoke the "Assignment of Benefits" as described in Section 3 of the "Patient Conditions of Treatment" and accept full and direct financial responsibility for all services provided by ABC Pediatrics PC.

Financially Responsible Party:

Printed Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____

Witness:

Printed Name: _____

Signature: _____

Date: _____