

HUNTINGTON ASTHMA AND ALLERGY CENTER
M. Michael Glovsky, M.D. & Reyneiro Castro, Jr., M.D.
960 E. Green Street, Suite 109 - Pasadena, CA 91106
Telephone: (626) 793-6680 FAX: (626) 793-0664
www.asthmaandallergycare.com

PATIENT CONSENTS

INSURANCE ASSIGNMENT

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare and other government-sponsored programs, private insurance, and any other health plan to Huntington Asthma and Allergy Center, Inc. This assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

SIGNATURE: _____ DATE: _____

FINANCIAL RESPONSIBILITY

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance of my account for any professional services rendered. I have read all the information provided and have completed all answers in the patient information form (Form 103). I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

SIGNATURE: _____ DATE: _____

MEDICARE ASSIGNMENT

I understand and agree that the Huntington Asthma and Allergy Center, Inc. accepts Medicare Assignment approving of payments allowed by Medicare, and not exceeding the approved amount. In addition, I am responsible for my 20% co-insurance payment. I acknowledge that I will be charged for non-covered Medicare services.

SIGNATURE: _____ DATE: _____

MISSED APPOINTMENTS

I understand and agree that since Huntington Asthma and Allergy Center, Inc. sets aside a significant block of time for new patients and return patients, I may be charged a fee (\$50.00 for new patients and \$30.00 for return patients) for not rescheduling or cancelling an appointment at least 24 hours in advance.

SIGNATURE: _____ DATE: _____