



ASSIGNMENT OF BENEFITS

I hereby assign and convey directly to New Jersey Urology (NJU), as my designated authorized representative, all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services, treatments, therapies, and/or medications rendered or provided by NJU, regardless of its managed care network participation status. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payments. I hereby authorize NJU to release all medical information necessary to process my claims. Further, I hereby authorize my plan administrator fiduciary, insurer, and/or attorney to release to NJU any and all Plan documents, summary benefit description, insurance policy, and/or settlement information upon written request from NJU or its attorneys in order to claim such medical benefits.

In addition to the assignment of the medical benefits and/or insurance reimbursement above, I also assign and/or convey to NJU any legal or administrative claim or chose an action arising under any group health plan, employee benefits plan, health insurance or tort feisor insurance concerning medical expenses incurred as a result of the medical services, treatments, therapies, and/or medications I receive from NJU (including any right to pursue those legal or administrative claims or chose an action). This constitutes an express and knowing assignment of ERISA breach or fiduciary duty claims and other legal and/or administrative claims.

I intend by this assignment and designation of authorized representative to convey to NJU all of my rights to claim (or place a lien on) the medical benefits related to the services, treatments, therapies, and/or mediations provided by NJU, including rights to any settlement, insurance or applicable legal or administrative remedies (including damages arising from ERISA breach of fiduciary duty claims). The assignee and/or designated representative (NJU) is given the right by me to (1) obtain information regarding the claim to the same extent as me; (2) submit evidence; (3) make statements about facts or law; (4) make any request including providing or receiving notice of appeal proceedings; (5) participate in any administrative and judicial actions and pursue claims or chose in action or right against any liable party, insurance company, employee benefit plan, health care benefit plan, or plan administrator. NJU as my assignee and my designated authorized representative may bring suit against any such health care benefit plan, employee benefit plan, plan administrator or insurance company in my name with derivative standing at provider's expense.

Unless revoked, this assignment is valid for all administrative and judicial reviews under PPACA (health care reform legislation), ERISA, Medicare and applicable federal and state laws. A photocopy of this assignment is to be considered valid, the same as if it was the original.

FINANCIAL AGREEMENT

I understand that if NJU does not participate with my insurance payer, and I still wish to be seen, I can be seen as a "Self-Pay" patient. I understand that I will be required to pay the total cost of the visit in advance. NJU may courtesy file a claim to my non-participating insurance on my behalf or a claim form will be provided to me by the Billing Office.

NON-COVERED SERVICES

I understand that NJU's contracts with health care insurance carriers and other payers relate only to items and services which are "covered" by the health benefits carriers and other payers. Accordingly, I accept full financial responsibility for all items or services, which are determined by the health benefits carrier or other payers not to be covered. Examples of services not eligible for payment include, but are not limited to, services which are determined as not medically necessary, non-covered, experimental or not otherwise specified as being covered in the patient's contract or in a benefit summary furnished to the patient beneficiary.

REFERRALS

I understand that it is my responsibility to know whether my insurance plan requires a referral. If so, I'm required to obtain a valid referral from my Primary Care Physician (PCP) prior to receiving medical services at NJU. I understand without the appropriate referral, I am responsible for payment for these services.

APPOINTMENT CANCELLATION

I understand that if I need to cancel or reschedule my appointment, I need to do so a minimum of twenty-four (24) hours in advance of my scheduled appointment time. **Failure to comply may result in an appointment cancellation fee.**

NOTICE OF PRIVACY PRACTICES

I acknowledge that I have been provided with a copy of NJU's Notice of Privacy Practices, which describes how medical information about me may be used and disclosed and how I can have access to this information.

AGREEMENT TO PAY: I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collection agency fees, (20%), attorney fees and/or court costs, if such be necessary.

TELEPHONE CONSUMER PROTECTION ACT (TCPA):

You agree, in order for us to service your account or to collect monies you may owe, NJ Urology, and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provided to us. Method of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable.

I/We have read this disclosure and agree that NJ Urology, its employees and/or agents may contact me/us as described above.

Responsible Party Signature

Date

Print Name