

BLAINE BLOCK INSTITUTE FOR VOICE ANALYSIS CONSENT FOR TESTING AND INSURANCE BILLING WAIVER

The Blaine Block Institute for Voice Analysis and Rehabilitation is a division (department) of Southwest Ohio ENT Specialists, Inc. I authorize Southwest Ohio ENT Specialists, Inc. to provide diagnostic and treatment services to me. All rendered services, including any changes or updates in existing treatment, will be discussed with me prior to their implementation.

I authorize Southwest Ohio ENT Specialists, Inc. to submit a claim to my insurance carrier or its intermediaries for all covered services rendered by the voice pathologists at the Blaine Block Institute for Voice Analysis and Rehabilitation and authorize and direct my insurance carrier to issue payment check(s) directly to Southwest Ohio ENT Specialists, Inc.

While services provided at the Blaine Block Institute for Voice Analysis and Rehabilitation are usually a covered benefit by most health insurance plans, there is no guarantee of payment and/or meeting their medical policy criteria. I authorize Southwest Ohio ENT Specialists, Inc. to furnish complete information to my insurance carrier or its intermediaries regarding services rendered. I understand that I am financially responsible for all charges whether or not paid by said insurance.

A photocopy of this assignment is to be considered as valid as an original.

Patient or responsible party signature

Date: _____