

Hannahville Behavioral Health

Billing Release of Information

Authorization is hereby granted to Hannahville Department of Health and Human Services to release to all appropriate third party payers, including client's insurance companies and Hannahville Tribal Contract Health program (if necessary), such information as may be deemed necessary for payment of services rendered.

Assignment of Benefits

I hereby assign to Hannahville Department of Health and Human Services all medical benefits now due and payable to me under applicable insurance policies, and hereby direct any insurance companies or governmental agencies to pay such benefits directly to Hannahville Department of Health and Human Services for services performed there.

Financial Responsibility

I understand that I may remain financially responsible to Hannahville Department of Health and Human Services for all charges incurred for services rendered. Hannahville Department of Health and Human Services will bill any applicable insurance for payment of service. Any balance remaining may be my responsibility and I will make consistent and timely payments until the balance is paid in full. If I have any questions regarding the bill, I will contact the Billing Department at 906/723-2525, prior to the balance becoming delinquent.

Medicare Authorization

I request that payment of authorized Medicare benefits be made to me or on my behalf to Hannahville Department of Health and Human Services for any services furnished me by that provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine benefits payable for related services.

Client, Parent/Guardian

Date