



**ASSIGNMENT OF BENEFITS FORM**

**Financial Responsibility**

I understand that I am financially responsible to Jett Morgan Treatment Services, LLC for any charges not covered by my health care benefits, as well as any applicable co-payments and deductibles. It is my responsibility to notify the Jett Morgan Treatment Services, LLC of any changes in my health care coverage. In some cases, exact insurance benefits cannot be determined until the insurance company receives the claim. I am responsible for the entire bill or balance of the bill as determined by the Jett Morgan Treatment Services, LLC and/or my health care insurer if the submitted claims or any part of them, which are denied for payment. I understand that by signing this form I am accepting financial responsibility as explained above for all payment for services rendered.

I have requested substance abuse treatment services from Jett Morgan Treatment Services, LLC Center on behalf of myself and/or my dependent(s), and understand that by making this request that I become fully financially responsible for any and all charges incurred in the course of treatment authorized. I understand that I will be responsible for any court costs or collection fees should it become necessary to take action to collect for services rendered.

I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full and prior to being seen for services. If at any time I have an outstanding balance with Jett Morgan Treatment Services, LLC, I agree to pay all such charges in full upon receipt of a statement. A photocopy of this assignment is to be considered as valid as the original.

**Assignment of Benefits**

I hereby assign all medical, mental health, behavioral health and substance abuse treatment benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including private insurance and any other health/medical plan, to issue payment check(s) directly to Jett Morgan Treatment Services, LLC for substance abuse/ behavioral health treatment services rendered to myself and/or my dependent(s). I understand that I am responsible for any amount not covered by insurance.

**Authorization to Release Information**

I hereby authorize Jett Morgan Treatment Services, LLC to: 1.) Release any information necessary to insurance carriers regarding my illness and treatments; 2.) To process insurance claims generated in the course of examination or treatment; and 3.) To allow a photocopy of my signature to be used to process insurance claims. This order will remain in effect until revoked by me in writing.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date