

Southfield Office

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Southfield, MI 48075
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**Warren Office**

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Warren, MI 48089
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Office of Anthony D. Spearman, MD, MHSA

Financial Responsibility

Assignment of Benefits: I hereby assign to Horizon Care Medical Group (HCMG) all rights to insurance payment for professional services provided by it. I agree this assignment is primary to any assignment given after this date including any cost relative to attorney fees. This assignment will remain in effect until it is revoked by me or the person for whom I am authorized to sign. A photocopy of this assignment is to be considered as valid as the original.

Guarantee of Payment: I agree to be responsible to HCMG for charges resulting from services rendered that are not covered by insurance or other third party payment. I agree all bills are due in full at the time of service. Should I fail to honor this agreement, I agree to pay any collection cost and / or attorney fees resulting from the collection of my accounts.

Certification: I certify that I have read or had this form read and / or explained to me, that I fully understand the consents and authorizations given above, that I have been given ample opportunity to ask questions and that any questions have been answered satisfactorily, and that I am the patient or I am authorized by the patient to consent. All statements I do not approve of were stricken before I signed this form.

Printed Name & Signature of Patient

Date