

Anthony A. Rieder, MD
Matthew T. Greulich, MD
Lori Hubacek, PA-C
Taylor Honnold, PA-C
Mallorie Bergstrom, PA-C
Rebecca Landgraf, AuD
Timothy Kuckuk, AuD
Megan Costanzo, AuD



201 N. Mayfair Road – STE 515
Wauwatosa, WI 53226

17000 W. North Ave – STE 105E
Brookfield, WI 53005

2500 W. Layton Ave – STE 230
Milwaukee, WI 53221

P: 414.727.0910 | F: 414.727.0920
www.allianceent.com

ALLIANCE ENT POLICY ACKNOWLEDGEMENT

ASSIGNMENT OF BENEFITS

I hereby authorize direct payment of medical benefits, including medical benefits to which I am entitled, to Alliance ENT & Hearing Center. This is a **DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS**. This authorization will remain in effect until cancelled by me in writing. A copy of this authorization is as valid as the original document.

I authorize the release of any medical information necessary in order to obtain payment and I understand that I am financially responsible for all charges, late fees, interest, attorney fees and collection charges considered patient responsibility by my insurance company. I understand that if I am not insured I am responsible for the charges of all services provided to me.

I have read and I understand Alliance ENT & Hearing Center’s financial policies and I accept responsibility for the payment of any fees associated with my care.

Patient / Authorized Representative Signature

Date

Printed Name

Relationship to Patient

I requested and received a copy of Alliance ENT & Hearing Center’s Financial Policy.