Dr. Rick Leoni II, M.D.

Thank you for choosing Dr. Leoni II as your health care provider. We are committed to making healthcare less stressful and more effective by clarifying financial responsibilities in advance. The following is a statement of our financial policy, which we ask that you read and sign prior to your office visit or procedure.

I hereby assign and authorize payment of insurance benefits otherwise payable to me, directly to **Rick Leoni II, M.D. and/or Leoni 2Med, LLC**, for office or hospital services, which are not paid by me at the time of service.

I hereby authorize **Rick Leoni II, M.D. and/or Leoni 2Med, LLC** to release and/or receive any medical records or information:

- Information requested by my insurance company or workman's compensation carrier
- Information to any hospital or physician I may be referred to by this office
- Information from any hospital or physician who has previously rendered me treatment
- Any of my family members

I understand that I am ultimately responsible for payment of any and all charges for medical care I receive from **Rick Leoni II, M.D. and/or Leoni 2Med, LLC** if this assignment of claim is rejected, or modified. Should any account be 30 days following the date of service and we have not heard from your insurance company, we ask that you contact your insurance company to help expedite payment in order to prevent your account from becoming delinquent. We accept cash, check, Visa, MasterCard, and American Express or Discover. No refunds will be issued until all charges with **Rick Leoni II, M.D. and/or Leoni 2Med, LLC** are paid in full.

Dr. Leoni II has a financial interest in Lafayette General Surgical Hospital. If you require further information, please speak him directly.

Signature: _____ Date: _____

Responsible party other than patient and relationship: _____

Witness: _____ Date: _____