

North Central Indiana Medical Clinic LLC.
112 Main Street Milford IN 46542

Phone: (574) 832-6246 Fax: (574) 832-2001

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, to North Central Indiana Medical Clinic. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by my insurance carrier. Medicare assignment of benefits will apply accordingly. I hereby authorize NCI Medical Clinic to furnish information to my insurance carrier(s) concerning my illness, treatments, and diagnosis, upon written request.

Initials

I have received NCI Medical Clinic's appointment policy and telehealth consent. I understand it is my responsibility to become familiar with this policy and consent in its entirety.

Initials

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Initials

I acknowledge that I have received a copy of Notice of Privacy Practices for North Central Indiana Medical Clinic

Initials

Patient's Name (print)

Date of birth

Signature of Patient (or responsible party/guardian if minor or incapacitated)

Date

Account # _____