

NCI Medical Milford
112 South Main Street
Milford, IN 46542
F: 574-832-2001

NCI Medical Clinic
ncimedical.com
P: 574-832-6246

NCI Medical Topeka
128 Roy Street
Topeka, IN 46571
F: 574-832-2014

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 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 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 Practice for North Central Indiana Medical Clinic.

Initials _____

I acknowledge that I have received a copy of NCI Medical's Prescription Policy. I understand it is my responsibility to become familiar with this policy and consent in its entirety.

Initials _____

Patient's Name (Print)

Date of Birth

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

Date