Wynne Huang, MD

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Insurance Authorization

I hereby authorize Caring for All, PC to furnish information to my insurance carrier(s) concerned my health information regarding my illness and treatment. I hereby assign to the physician/provider all payments for medical service for myself and/or my dependents. I understand I am responsible for any amount not covered by my insurance contract.

I understand I will be responsible for any claim that has been denied by my insurance due to lack of referral of any significant insurance information deemed necessary to file a claim on my behalf.

If my insurance changes, it is my responsibility to update it with Caring for All as soon as possible. If I do not update my insurance information right away and do so at a later date, and it is not within claim filing limits, and my claim is denied, I will be responsible for full payment.

Patient Signature: ____ Date: ______________________