

Square Medical Group

124 Watertown St, Suite 2D
Watertown, MA 02472

884 Washington St, Floor 2
Weymouth, MA 02189

PATIENT FINANCIAL RESPONSIBILITY FORM

Square Medical Group, LLC requires this form to be signed by our patients. We appreciate your cooperation.

1. **FINANCIAL RESPONSIBILITY:** I understand that I am personally responsible for fees incurred at Square Medical Group. Square Medical Group will submit all claims to my insurance company. I am responsible for co-pays, deductibles, and for any procedures not covered by my insurance company: (i.e. urine drug screening performed at Square Medical Group)
2. I also understand that I will be responsible for any charges incurred by not attending the most current and correct scheduled appointment.
3. Co-pays and deductibles are due at time of visit.
4. Note: There may be exceptions to this policy for Federal and State funded insurance plans such as Medicare and Medicaid. Please check with your insurance company for clarification.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Square Medical Group to release medical information acquired in the course of my examination or treatment to my insurance company, or other physicians required to participate in my care.

Please check this box if you do not want us to bill your insurance

Print Name _____

X Signature _____ Date _____

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment for behavioral health and substance abuse services provided directly to the providers of Square Medical Group.

Print Name _____

X Signature _____ Date _____