



Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness

Assignment of Benefits

I hereby authorize & request that payment of benefits by my insurance company or companies, recorded in my (Medical records), be made directly to Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness, for services provided to me or my dependent(s). I understand that my insurer may only cover a portion of the total bill, based on my coverages. I further understand that I may be responsible for all charges not covered by this assignment of benefits.

In addition, I authorize Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness to disclose any and all written information from my named insurer and/or its representatives, at the determination of insurer or Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness; such disclosure shall be for reimbursement purposes for services my dependent or I received.

I hereby release Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness, its officers, agents, employees and any clinical staff associated with my case, from all liability that may arise as a result of disclosure of information to the previously named insurance company(ies) or their designated representatives.

By electronically signing this assignment of benefits & release of information, BELOW THIS BOX, I acknowledge:

1. I am aware & understand that this authorization will not be used unless the identified insurance company or its designated representatives request records of information for reimbursement purposes, or seek to take action in reference to payment for evaluation/treatment services.
2. I agree to participate & assist Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness or its designated representatives with any appeal process necessary to collect payments for services rendered.
3. I am aware & have been advised of the provisions of the Federal & State Statutes, rules & regulations & provide for my right to confidentiality of these records.
4. I understand that this assignment & authorization is subject to revocation at any time, except to the extent that action has been taken in reliance thereof. In any event, this authorization will expire once reimbursement of services rendered is complete.
5. Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness is acting in filing for insurance benefits assigned to me, the patient/insured/dependent, and it can assume no responsibility for guaranteeing payment of any charges from the insurance company.
6. A firm contracted by Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness for billing & collection purposes may perform billing tasks.
7. Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness is appointed by me to act as my representative and on my behalf in any proceeding that may be necessary



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to seek payment from my insurance carrier. This appointment may include receiving a copy of my insurer's plan documents.

8. Should an overpayment take place, a refund check will be mailed to the authorized party that is due the overpayment.
9. Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness shall be entitled to the full amount of its charges made, without offset.
10. I acknowledge that this document is electronically connected to MY medical record as entered into the charting system associated with Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness, and that the record attached is mine or my dependent's.

Name _____ DOB _____

Sign _____ Date _____

Patrice Powell Adult Health NP PLLC DBA Outlier Health and Wellness Website:

outlierhealthandwellness.com

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