Behavioral Health Wellness Clinic

Assignment of Benefits

I understand that by coming to see a provider at ANTHC and by cooperating with the requests and directions of its providers and staff, I am consenting to the care they provide unless I specifically object or otherwise decline one or more aspects of the care they offer. I understand that ANTHC has a right to bill my insurer and any other third party who may be obliged to cover the costs of the services I receive, and that federal Privacy law permits ANTHC to release certain health information to those insurers I have identified as being responsible for payment. I hereby assign my rights to such claims to ANTHC along with any benefits that I would otherwise be payable to me. I also agree to assist ANTHC pursue these claims and hereby authorize ANTHC to release medical information and take other steps that may be reasonable necessary to do so.