

Compass  
Health



2175 Coolidge Rd., East Lansing, MI 48823  
(517)999-5900

## Financial Responsibility Agreement

I understand and agree that I will be financially responsible for any and all charges for services not paid by my insurance for my visit(s) to Compass Healthcare, PLC.

I understand and agree it is ultimately my responsibility and not the responsibility of Compass Healthcare, PLC to know if my insurance will pay for my medical service or visit. I am responsible to know if my insurance has any deductible, co-payment, co-insurance, or any other type of benefit limitation for the services I receive, and I agree to make payment in full.

I understand and agree it is my responsibility to know if the physician or provider I am seeing is a contracted/in-network provider recognized by my insurance company or plan. If the physician or provider I am seeing is not recognized by my insurance company or plan, it may result in claims being denied or a higher out-of-pocket expense to me. I agree to be financially responsible and make payment in full.

I hereby authorize direct payment of my insurance benefits to Compass Healthcare, PLC for the services rendered to my authorized dependents or me.

**I hereby consent to evaluation, testing, and treatment as directed by my physician, and affirm that I have read and agree with all disclosures on this form.**

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Patient/Guarantor Signature

Today's Date

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Patient Printed Name