



2215 Canterwood Drive  
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## Insurance Authorization & Assignment

### *Please Furnish the Receptionist with your Insurance Card*

I hereby authorize Wilmington Internal Medicine to furnish information to insurance carriers, my employer (if applicable) or the Healthcare Financing Administration and its agents concerning my illness and its treatments. I authorize insurance or Medicare benefits to the provider for services rendered, where applicable.

If we do not participate with your insurance provider, we will file your insurance, as a courtesy, for you and you will be responsible for your bill at the time of service. Please be aware that your insurance company may consider your bill as a non-covered service and may not pay for the services provided.

Full payment or insurance co-payments are due at the time of service. Any previous balance is expected in full unless other arrangements have been made with the billing department prior to being seen by the provider. We accept Visa/MasterCard, cash or check.

**Minor Patients:** The parent/guardian is responsible for full payment. We may refuse non-emergent care to any minor that is unaccompanied by a parent/guardian, unless prior permission is given in writing or by phone.

Patient Signature \_\_\_\_\_

Insured Signature \_\_\_\_\_