Inner Clarity, LLC
9 Village Court
Hazlet, NJ 07730
Tax ID# 47-1357819

Notice of Assignment of Benefits to a Provider

An assignment of benefits is an arrangement by which a patient requests that his or her health insurance benefit payments be made directly to a designated person or facility, such as a physician or other healthcare professional.

Insurance Authorization and Assignment of Benefits

Please be advised that the patient's signature or, in the case of a minor or mentally handicapped individual, the signature of a parent or legal guardian, provides for the assignment of benefits to Inner Clarity, LLC authorizing this transfer of payment from the insured to the healthcare provider.

I, _____
[Print the full name of the undersigned]

herby authorize Inner Clarity, LLC to apply for benefits on my behalf for services rendered to me or my dependent(s) and request that payment made by my insurance company be sent directly to Inner Clarity, LLC. I understand that Inner Clarity, LLC does not participate with my health insurance carrier and will therefore bill as an out of network provider.

I certify that I (or my dependent(s)) have active and valid insurance coverage and have supplied Inner Clarity, LLC with up-to-date and correct insurance identification card(s) as well as all necessary information regarding the guarantor and the subscriber(s) eligible for insurance benefits. Failure to provide updates to any of the information supplied may result in denial of payment to Inner Clarity, LLC

I understand that it will be my responsibility to pay Inner Clarity, LLC for those medical services rendered to me or my dependent(s), regardless of whether or not paid by insurance.

I understand that if I receive a check from my insurance carrier it is my responsibility to immediately pay that amount to Inner Clarity, LLC.

I understand that that it is my primary responsibility to pay for services rendered to me, and if my account is turned over to an attorney or agency for collection or taken to court, I agree to pay any collection fees, legal fees, court costs, and other expenses incurred as a result of said collection or court date. Further, I understand that there is a $30.00 fee for returned checks

I understand that Inner Clarity, LLC will report to commercial credit bureaus only when an account becomes delinquent. Accounts having no payments within 30 days of the initial debt notice are considered delinquent for payment purposes. After 90 days, all delinquent accounts are reported on the consumer credit report. The debt will remain on the credit bureau report until it is paid in full.

I certify that the information I have reported with regard to my insurance coverage is correct and I herby authorize Inner Clarity, LLC to release any information relating to any claim for benefits, in order to process any claim for benefits and to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. Furthermore, I permit a copy of this authorization to be used in place of the original. I may revoke this authorization at any time in writing.

X_____ _____
Signature of Patient or Legal Guardian Date

X_____ _____
Witness Signature Witness Printed Name

_____ _____
Printed Name of Patient or Legal Guardian Relationship to Patient

_____ _____
Address of Patient or Legal Guardian City, State and Zip of Legal Guardian