



ALLEN COUNTY PUBLIC HEALTH

CLIENT INSURANCE AUTHORIZATION

Consent for assignment of benefits: I authorize Allen County Public Health to bill my insurance and assign the payment of these benefits directly to Allen County Public Health. I assign Allen County Public Health all rights to benefits, insurance payments, insurance reimbursements, or other payments or judgements to which I may be entitled for services provided to me at Allen County Public Health. I understand that I am responsible for any amounts not paid by my health insurance or any other insurance plan or policy, including but not limited to, any deductibles, copays, and coinsurance amounts provided under any coverage source and charges for which there is no coverage source.

Choice #1 Please give your private insurance or Medicaid card to the clerk to copy if you are authorizing us to submit to your insurance.

Primary Cardholder's Name _____ Birth date ____/____/____

Signature _____ Date _____

Choice #2 I do not have private insurance or Medicaid coverage for myself or my child.
 I have insurance but the vaccine or service is not covered by the insurance.

Signature _____ Date _____

Choice #3 This choice means I will *self-pay* for all services & fees.

- Allen County Public Health is a non-participating provider with my health insurance.
 I *do not* give permission for my insurance agency to be billed for services.

Signature _____ Date _____

For office use only

Insurance coverage _____ Date verified _____

Insurance Rep. _____ ACPH Rep _____