



**D**YNAMIC  
**O**RTHOTIC & PROSTHETIC  
**S**ERVICES, INC

Main Office: 103 E. Pinhook Rd  
 Lafayette, LA 70501

T. 337-291-1016 F. 337-704-0324

**ASSIGNMENT OF BENEFITS**

Patient \_\_\_\_\_

I \_\_\_\_\_, understand that services rendered by Dynamic Orthotic Services, Inc. (DOS) are my financial responsibility and that DOS will bill my insurance company as a courtesy. I authorize my insurance company to pay my benefits directly to Dynamic Orthotic Services, Inc. and I understand that I will be fully responsible for any outstanding balance on my account. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness of the above-mentioned assignee and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

I have been given the opportunity to pay my estimated deductible and co-insurance at the time of service. I have chosen to assign the benefits, knowing that the claim must be paid within all state or federal prompt payment guidelines. I will provide all relevant and accurate information to facilitate the prompt payment of the claim by my insurance company.

I authorize Dynamic Orthotic Services, Inc. to release any information necessary to adjudicate the claim, and understand that there may be associated costs for providing information beyond what is necessary for the adjudication of a clean claim.

I also understand that should my insurance company send payment to me, I will forward the payment to Dynamic Orthotic Services, Inc. within 48 hours. I agree that if I fail to send the payment to Dynamic Orthotic Services, Inc. and they are forced to proceed with the collections process; I will be responsible for any cost incurred by DOS to retrieve their monies. In the event that I receive any check, draft or other payment subject to this agreement, I will immediately deliver said check, draft or payment to Dynamic Orthotic Services, Inc. Any violation of this agreement will, at DOS's election, terminate patient charge privileges with DOS and bring any balance owed by patient to Dynamic Orthotic Services, Inc. immediately due and payable.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I authorize Dynamic Orthotic Services, Inc. to initiate a complaint or file an appeal to the insurance commissioner or any payer authority for any reason on my behalf and I personally will be active in the resolution of claims delay or unjustified reductions or denials.

Dated \_\_\_\_\_

\_\_\_\_\_  
 Signature of Policyholder

\_\_\_\_\_  
 Patient or Guardian