

## Assignment of Insurance Benefits and Disclosure Information

- I authorize payment, from my insurance company directly to UMD Health Services (HS), for any billable services provided.
- I authorize any overpaid benefit refunds to be paid directly to my insurance company or health care payer.
- I understand that I am financially responsible to HS for charges not covered by my insurance company and I agree to pay all outstanding balances.
- HS may use and disclose the information necessary to process my insurance claims.
- After 120 days from the date of service, any unpaid portion of my bill will be transferred to my student account stating Medical Services unless other payment arrangements have been made with the HS billing department.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Date: \_\_\_\_\_