



Financial Disclosure & Patient Responsibility Agreement

City Infusions will make reasonable efforts to verify insurance eligibility, benefits, and authorization requirements before treatment. Verification of benefits or authorization approval is not a guarantee of payment by your insurance carrier. Coverage remains subject to medical necessity, policy terms, deductibles, copayments, coinsurance, and plan limitations.

I understand that I am financially responsible for all charges not paid by my insurance plan, including deductibles, copayments, coinsurance, denied claims, non-covered services, and services determined not medically necessary.

Certain infusion therapies may require prior authorization, referral approval, or additional clinical review before scheduling. While City Infusions may assist with this process, authorization approval does not guarantee payment.

Many therapies administered at City Infusions involve high-cost specialty medications billed under the medical benefit (“buy-and-bill” model). I understand I may receive an Explanation of Benefits (EOB) from my insurance carrier reflecting billed charges. An EOB is not a bill.

City Infusions may assist eligible patients with manufacturer copay assistance or patient support programs when available. Eligibility and approval are determined solely by the program sponsor and are not guaranteed.

Patients receiving self-pay or non-covered services may be required to pay before treatment unless other arrangements are approved. Unpaid balances may be subject to collections.

I authorize City Infusions to:

- Bill my insurance carrier(s) directly for services rendered
- Release medical and billing information necessary for claim processing
- Receive payment directly from my insurance carrier(s)

By signing below, I acknowledge that I have read and understand this Financial Disclosure & Patient Responsibility Agreement, have had the opportunity to ask questions, and accept financial responsibility for charges not covered by my insurance plan.

Patient Name: _____

Signature: _____ Date: _____