

**INSURANCE PAYMENT/FORWARD AGREEMENT**  
**(BLUE CROSS/BLUE SHIELD ONLY)**

Atlanta Urogynecology Associates is an Out-of-Network provider with patient's who have Blue Cross Blue Shield as their insurance carrier. Because of this, it is standard protocol for Blue Cross Blue Shield to send payments to the patient, for the services that are rendered by an Out-of-Network provider.

As the patient, and the insured by Blue Cross Blue Shield, it is your responsibility to forward all checks and associated paperwork (known as Explanation of Benefits) to our office. This information must be received in our office within 15 days of your receipt from Blue Cross Blue Shield. Failure to comply will result in our office charging your credit card for full amount of payment received by Blue Cross Blue Shield.

*I \_\_\_\_\_, acknowledge the above statement and do understand that I am responsible for making sure all payments paid to me, for services rendered at Atlanta Urogynecology Associates is forwarded to them, upon receipt, or I will be charged in full for such payments, not sent immediately.*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Card Type: (Check One)     VISA                       AMEX                       MASTERCARD

Card Number: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

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