The Joy of Life Clinic
Revive. Thrive. Live Fully

Address:
4900 Belair Road
Baltimore, MD 21206

Website: www.jolclinic.com
Email: admin@jolclinic.com
Phone: (443) 790-5161
Fax: (410) 261-6911

Provider: Mercy Nwankama, CRNP-PMH

Effective May 1, 2024

Authorization to Bill Insurance

Patient's Name:	First:		Last:
	DOB:		SS#:
Insurance Company:			
Insured's Info (if different from the patient):	First:		Last:
	DOB:	Insurance ID#:	
Patient's Address:			
Provider:			

1. I, the undersigned, hereby certify and attest that I have sought evaluation, treatment, or medical advice from the staff at the clinic named above. I, therefore, authorize the provider or clinic or other authorized personnel to release my clinical information to the insurance company listed above for the purpose of determining and receiving benefits for medical bills.

2. I understand and acknowledge that the provider, clinic, or other authorized personnel will submit my claim to the insurance company on my behalf. I further understand that I will be held responsible for any amount of medical bills not covered by my insurance policy or claims and that I will be responsible for paying all deductibles, fees, co-payments, and co-insurance payments required.

3. I understand that any portion of my bills not covered by insurance will be billed to me at the address I have provided above. Non-compliance or defaulting on payments may result in denial of service and/or legal claims against me for non-payment.

4. Acknowledgment and Agreement

By signing at the end of this document, I affirm that I have read, understood, and agree to my rights and responsibilities outlined in this document.

Name:		
Signature:		Date: