

Humana Access

Easy Pay Consent Agreement:

I, _____, authorize Seven Oaks Women's Center to charge my payment card for the patients responsibility according to the Explanation of Benefits (E.O.B) provided to our office from Humana.

Card Holder Name

Card Holder Signature

Card Number

Card Expiration

Date

I assign my insurance benefits to the provider listed above.
I understand this form is valid for one year.