



**AUTHORIZATION TO RELEASE OR RECEIVE MEDICAL INFORMATION
and
AUTHORIZATION OF ASSIGNMENT OF BENEFITS**

We strongly feel that all patients deserve from us the very best medical care that we can provide. Further, we feel that everyone benefits when definitive financial arrangements are agreed upon. Accordingly, we have prepared this material to acquaint you with our policy.

Our professional services are rendered to you, not the insurance company. Therefore, payment for treatment is your responsibility.

Please read and sign the following:

- 1) I authorize this office to release or receive any information necessary to expedite insurance claims.
- 2) I hereby authorize this office to bill my insurance company directly for their services.
- 3) I authorize payment directly to this physician of any insurance benefits otherwise payable to me.
- 4) In the event I receive payment from my insurance carrier, I agree to endorse any payment I receive over to my physician for which these fees are payable.

I understand that I am directly and fully financially responsible to this physician for charges not covered by my insurance. I further understand that such payment is not contingent on any settlement, judgment, or insurance payment by which I eventually recover for said fee. I realize that if my insurance company fails to pay my balance in full, or there is no payment made within 60 days, it is my responsibility to pay my doctor's bill directly.

You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs and expenses, including reasonable attorneys' fees, we incur in such collection efforts.

There will be a \$30.00 charge on all returned checks in addition to the amount of the check.

A photostatic copy of these authorizations and agreements shall be as valid as the original.

Signature _____

Date _____

Witness _____

PLEASE PRESENT BOTH YOUR INSURANCE CARD AND YOUR DRIVER'S LICENSE SO WE MAY MAKE A COPY FOR YOUR RECORDS.