

AUTHORIZATIONS

Patient and Responsible Party understand that the following authorizations are to be used by the Physician to effect the collection of benefits on Patient's behalf. Their authorizations become effective on the date of the first service rendered, and remain in effect until specifically revoked in writing by Patient and Responsible Party. Copies of this Agreement will be as valid as the original.

- (a) **RELEASE OF INFORMATION:** The Patient and Responsible Party authorize the release and disclosure of all medical information related to Patient's treatment and care, to any entity, which is, or may be liable, for Physicians charges, or to any Professional Review Organization or utilization review organization associated therewith. The Patient and Responsible Party authorize the release and disclosure of all or any part of Patient's medical records to any other health care provider who may be of assistance, in the opinion of the Physician in providing medical care and treatment for the Patient, and/or for assisting in any reimbursement or benefits to which Patient may be entitled.
- (b) **ASSIGNMENT OF BENEFITS:** The Patient and Responsible party authorize and requests that payment of any authorized insurance benefits be made either to Patient, or on a Patient's behalf, to the Physician for the services furnished the Patient by the Physician. This authorization allows the Physician to file "assigned" claims only for the purpose of having benefits paid to the Physician and does not imply that the Physician accepts insurance as payment in full, unless the Physician has a contractual agreement with the Patient's carrier or is otherwise legally obligated to accept less than the actual charges. The signatures below are deemed sufficient for all insurance forms on a continuing basis.
- (c) **FOR TREATMENT:** The Patient and Responsible Party authorize the Physician to perform any procedure, which may be deemed necessary in the judgment of the attending Physician in the diagnosis and treatment of Patient's condition. The Patient and Responsible Party consent to the administration of such drug(s) as may be considered necessary or advisable for treatment of Patient, with the exception of _____

DATE

PATIENT

DATE

RESPONSIBLE PARTY

This authorization is effective for two (2) years unless otherwise specified from this date _____.