2019 Lifetime Authorization Insurance Assignments and Authorization to Release Information

1. RELEASE OF INFORMATION – I, the below named patient, do hereby authorize any provider examining and/or treating me to release any such third party (such as an insurance company or governmental agency, example" Blue Shield Florida or Medicare) any medical condition and records concerning diagnosis and treatment when requested by such third party for its use in connection with determining a claim for payment for such treatment and/or diagnosis.

2. PHYSICIAN INSURANCE ASSIGNMENT- I, the below- named subscriber, hereby authorize payment directly to any physician examining or treating me for surgical and/or medical benefits otherwise payable to me for their services but not to exceed the reasonable and customary charge for these services.

3. MEDICARE/MEDICAID – Patient's certification authorization to release information and payment request: I, the below-named patient, certify that the information given by me in applying for payment under Title XVIII/XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to Social Security Administration/Division of Family Services or its intermediaries or carriers any information needed for this of a related Medicare/Medicaid claim. I hereby certify all insurance pertaining to treatment shall be assigned to the provider treating me.

4. I PERMIT A COPY OF THESE AUTHORIZATIONS AND ASSIGNMENTS TO BE USED IN PLACE OF THE ORIGINAL WHICH IS ON FILE AT THE PHYSICIAN'S OFFICE. This assignment will remain in effect until revoked by me in writing.

Financial Agreement

1. Your insurance is a contract between you and your insurance company. We are not a party to that contract.

2. Not all services are covered benefits under all contracts. All non-covered services are the financial responsibility of the patient.

3. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PAY ANY DEDUCTIBLE AMOUNT, CO-INSURANCE OR ANY OTHER BALANCE NOT PAID FOR BY MY INSURANCE COMPANY WITHIN A REASONABLE AMOUNT OF TIME, NOT TO EXCEED 60 DAYS.

4. If this account is assigned to an attorney for collection and/or suit or to a collection agency, the prevailing party shall be entitled to reasonable attorney's fees and all costs of collection.

Printed Name: _____ DOB: _____

Signature: _____ Date: _____

Subscriber Signature (if different from patient): _____

2019

Original Signature on File at Physician's Office