

WOOSTER E.N.T. ASSOCIATES, INC.

Patient Name: _____ Date of Birth: _____

PRIVACY INFORMATION

Do you give our office permission to discuss your medical/billing information with family members?

If yes, please provide their names and phone numbers below.

Name: _____ Relationship _____

Phone#(day): _____ Phone#(evening) _____

Name: _____ Relationship _____

Phone#(day): _____ Phone#(evening) _____

I AUTHORIZE THE RELEASE OF ALL INFORMATION TO ANY PHYSICIAN OR INSTITUTION I MAY BE REFERRED TO BY WOOSTER E.N.T. ASSOCIATES.

My signature below indicates that I have received and/or reviewed a copy of my physician's Notice of Uses and Disclosures of Protected Medical Information.

Patient or Responsible Party Signature: _____

Date ____/____/____

IN ORDER TO CONTROL COSTS, WE REQUIRE ALL COPAYS AND DEDUCTIBLES TO BE PAID AT THE TIME OF SERVICE.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance.

If this account is assigned to an attorney for collection and/or suit, the practice shall be entitled to reasonable attorney's fees and costs of collection.

I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement of any claim.

I request that payment of authorized benefits be made on my behalf. I assign the benefits payable to which I am entitled including Medicare, private insurance and other health plans to Wooster E.N.T. Associates, Inc.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by insurance.

Patient or Responsible Party Signature: _____

Date: ____/____/____