Cisca Pulmonary & Critical Care

Alexis A. Vazquez, D.O

Assignment of Health Insurance Benefits

I hereby authorize release of any information from my medical records including diagnosis and treatment information to any insurance company for the purposes of processing insurance claims for services rendered by the Cisca Pulmonary and Critical Care or any of their physician employees.

I assign payment of medical benefits from my insurance company to be paid directly to the Cisca Pulmonary and Critical Care for all services rendered by any of their physician employees during this or subsequent visits or encounters.

I understand that I am financially responsible for the charges not covered by insurance and for amounts paid to me or my legal guardian directly by my insurance company for services rendered by Cisca Pulmonary and Critical Care or any of their physician employees.

Patient Information:

_____

PRINT NAME (Last, First, Middle)

_____ _____

Patient's Signature **Date**

_____ _____

Signature of Legal Guardian Date