

COMPREHENSIVE NEUROLOGY OF NORTH GEORGIA, PC

Assignment of Benefits

I hereby assign all medical and/or surgical benefits to include major medical benefits and Medicare benefits, to which I am entitled, to Comprehensive Neurology of North GA, PC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

I understand that I am financially responsible for all charges whether or not paid by my insurance carrier. I understand that I will be responsible for attorney fees and/or court costs, or collection fees should it become necessary to take action to collect for services/supplies rendered.

I hereby authorize Comprehensive Neurology of North GA, PC to release all medical information necessary to secure payment on my account.

Patient Signature: _____ Date: _____

Witness Signature: _____

Consent of Information Disclosure

This form is necessary for us to release medical information to your family and friends. IF THEIR NAME IS NOT ON THIS LIST, we CANNOT release any information about you to them. If you do not want anyone to know this information, just strike a line through the blanks and sign the form. THIS FORM MUST BE SIGNED AND DATED. Thank you.

I give Comprehensive Neurology of North GA, PC consent to give personal, financial, and medical information to the following person(s):

Spouse: _____

Parent: _____

Relative: _____

Other: _____

Patient's Signature: _____ Date: _____

Witness Signature: _____ Date: _____