Tri-State Pulmonary Associates Patient Authorization for Treatment, Billing of Insurance and Assignment, and Communication

Authorization for Treatment

_____I hereby authorize Tri-State Pulmonary Associates, Inc. provider/physician to render treatment and or medical advice for the betterment and well-being of myself and/or my dependent.

Insurance Authorization and Assignment

_____I hereby authorize Tri-State Pulmonary Associates, Inc. to release any information necessary to file a claim with my insurance company, carrier, or agent. I further authorize and direct my insurance company, carrier, or agent to pay the proceeds of any such claim directly to Tri-State Pulmonary Associates, Inc. In the event that I receive payment from my insurance company, carrier or agent, I acknowledge that the funds belong to Tri-State Pulmonary Associates, Inc. and agree to promptly remit such funds over to Tri-State Pulmonary Associates, Inc. I acknowledge and understand that I am personally responsible for all services rendered to me by my physician and I am personally responsible for payment for any such services not covered by my insurance company, carrier or agent.

Communication Authorization

I authorize this office to: (Please initial all that apply)

_____**leave messages** regarding confirmation, change or cancellation of my office appointment and/or financial information, on an answering machine, with family members or any adult person answering my telephone.
_____ **e-mail messages** regarding confirmation, change or cancellation of my office appointment and /or financial information. E-mail address:_____.
_____**text messages** to my cell phone, number _____, regarding confirmation, change or cancellation of my office appointment and/or financial information.

Release of Medical Information

I further give permission to release medical information, dictation, lab results or billing information about me to the following **Person(s) identified below:**

Name:_____Relationship:_____

Name:_____Relationship:_____

Patient Signature:_____ Date:_____

Printed Name:_____

Guardian (if applicable):_____Date:_____