

Date: _____

Patient Name: _____

DOB: _____

SSN: _____

Authorization to provide treatment
Insurance assignment and release

I hereby authorize Memphis Cardiology, PLC and its physicians or any other physician authorized by this company, to provide such medical services either regular or emergency, as may be determined by the physician to be in my best interests (or the best interests of my dependent if I am signing as a parent or guardian).

I further authorize Memphis Cardiology, PLC or his agents to furnish to Medicare, insurance carriers or other Third-party payers information concerning my illness and treatments. I hereby assign to the physicians all payments for medical services rendered to myself or my dependents.

In those cases where payment is not collected at the time of services, I understand that I am responsible for the cost of the medical services rendered and agree to pay any and all amounts not paid by others within 60 days from the date billed unless there are other agreements between me or my insurance company and Memphis Cardiology, PLC.

I agree to pay all collection cost including but not limited to bad check charges, court cost, witness expenses and reasonable attorney's fees if it becomes necessary to turn this account over to an outside party for collection, I further agree to pay interest charge of 1% per month on any balance remaining on this account beginning 60 days from the date of service.

These authorizations and release remain in effect until I choose to revoke them by delivering a written statement to Memphis Cardiology, PLC.

Patient / Responsible Party: _____

Date: _____

Medicare patients with Medigap Insurance

I request that payment of authorized Medigap benefits be made on my behalf to Memphis Cardiology, PLC, for any services furnished to me by that supplier. I authorize any holder of medical information about me to release to my Medigap insurer any information needed to determine these benefits.

This authorization is in effect until I choose to revoke it by delivering a written statement to Memphis Cardiology, PLC.

Patient / Responsible Party: _____

Date: _____