

MURTHY GEDALA PLLC

ASSIGNMENT OF BENEFITS

Private insurance authorization for assignment of benefits and information release.

I, _____ the undersigned, authorize payment of medical benefits to MURTHY GEDALA PLLC for any services furnished to me by the physician. I understand I am financially responsible for any amount not covered by my insurance policy. I also authorize MURTHY GEDALA PLLC to release to my insurance company, referring physician, and other consultants on my case, information concerning health care advice, treatment provided to me. This information will be used for the purpose of evaluating and administering claims of benefits.

Signature: _____ Date: _____

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

By signing this document, I acknowledge that I have been given the opportunity to read the Notice of Privacy Practices of MURTHY GEDALA PLLC.

Signature: _____

Printed Name: _____ Date: _____