PULMONARY AND SLEEP PHYSICIANS OF HOUSTON, P.A.

AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I authorize Pulmonary and Sleep Physicians of Houston to obtain/furnish to/from any consulting physician or insurance company and its representatives, any information and/or copies of all medical records, consultations, and prescriptions relating to illness. In addition, I grant permission to view my prescription history from external sources. A copy of this authorization shall be effective and valid.

INITIAL

AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION

I authorize Pulmonary and Sleep Physicians of Houston to disclose any medical information regarding my illness to the following individuals:

1. _____ Relationship: _____

2. _____ Relationship: _____

_____ I do not authorize Pulmonary and Sleep Physicians of Houston to release any medical information to anyone other than myself.

INITIAL _____

AUTHORIZATION FOR BILLING

I authorize payment to Pulmonary and Sleep Physicians of Houston the insurance payments otherwise payable to me, but not to exceed my indebtedness to said doctor on the account of charges listed herein. A copy of this authorization shall be effective and valid. I understand that I am responsible for any remaining balance that my insurance company does not pay. I also understand that there is a $25 charge for any check that is returned from my bank.

INITIAL _____

AUTHORIZATION FOR COLLECTION EFFORTS

I understand that payment is due at the time services are rendered. I agree to pay all co-pays up front unless prior payment arrangements have been made. I also understand that if my account defaults it will be sent to a collection agency and that I will be responsible for all legal fees, court costs, and collections fees that may incur in attempt to collect payment in full.

INITIAL _____

PATIENT SIGNATURE _____

PRINT PATIENT NAME _____

DATE _____

This authorization is valid for the duration of the period that you remain a patient. You have the right to revoke this authorization in writing or by completing a new and updated form.