

Urology Tyler PA  
Patient Authorization Form

**Financial Responsibility** - I understand that regardless of my assigned insurance benefits, I am responsible for the total charges for all services rendered. I agree to pay Urology Tyler, PA any and all charges not paid for by insurance. Copayments or deductibles are due, in full, at the time of service.

**Authorization For Care** - I grant permission for Urology Tyler, PA to render such care that my physician may deem necessary in my diagnosis and treatment. I understand that such care may include medical and surgical treatment, laboratory tests, and diagnostic tests, such as a cystoscopy.

**Insurance Assignment** - I hereby authorize direct payment of surgical/medical benefits to Urology Tyler, PA for services rendered by the physician or under his supervision. I understand that I am financially responsible for any balance not covered by my insurance. I agree to cooperate, aid and assist Urology Tyler in procuring all possible insurance benefits. I understand that it is my responsibility to comply with precertification requirements.

**Medicare Assignment of Benefits** - I certify that the information given in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Health Care Financing Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to Urology Tyler, PA and authorize Urology Tyler, PA to submit claims to Medicare for payment. I understand that I am responsible for any health insurance deductibles and coinsurance.

**Authorization for Release of Information** - I hereby authorize Urology Tyler, PA to disclose necessary information from the patient's medical record to the following parties when requested for the purposes as stated herein; to any physician for the purpose of providing continuing professional care and to any insurance company or third party payor for the purpose of obtaining payment to Urology Tyler, PA for the services provided. Urology Tyler PA, its employees, officers and physicians are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein. I understand this release specifically includes any and all blood and related tests including test results reflecting presence of HIV, HBV, and the diseases, all of which I specifically authorize to be so released.

*I approve the following persons and/or family members to receive  
medical information and copies of my medical records:*

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\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name