Nephrology Consultants, L.L.C.

2780 Bob Wallace Avenue • Huntsville, Alabama 35805-4104 • Phone (256) 533-4626 • Fax (256) 533-4710

PATIENT NAME:_____ DATE OF BIRTH:____ / ____ / ____
Print Name

Name of Spouse or Parent (if patient is a minor):_____
Date of Birth:____ /____ /____ S.S.#:_____

Person Responsible for this Account:_____
Self ( ) Spouse ( ) Parent ( ) Date of Birth:____ / ____ / ____ S.S.#_____

PRIVATE INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS/INFORMATION RELEASE

I request that payment of authorized insurance carrier benefits be made on my behalf to Nephrology Consultants, L.L.C. for any service rendered me by the physician. I understand the holder of medical information about me may release my medical information to my insurance carrier and its agent for the purpose of determination of these benefits payable for related services.

AND / OR

I authorized payment of medical benefits to Nephrology Consultants, L.L.C. for any services furnished me by the physician / staff. I understand that I am financially responsible for any amount not covered by my contract. I authorized you to release to my insurance company or agent information concerning health care, advice or treatment provided to me. This information will be used for the purpose of evaluating and administering claim benefits.

_____ _____
PATIENT SIGNATURE DATE