

CY-FAIR ENT
JONATHAN B. STATON, M.D., P.A.
13611 SKINNER RD., SUITE 240 ~ CYPRESS, TX 77429
Phone (281) 256-8212 ~ Fax (281) 256-8213

ASSIGNMENT OF INSURANCE BENEFITS

I HEREBY AUTHORIZE AND REQUEST MY INSURANCE COMPANY TO PAY DIRECTLY TO THE DOCTOR THE AMOUNT DUE ON MY CLAIM FOR SERVICES TO MY DEPENDENT OR ME. I FURTHER AGREE THAT SHOULD THE AMOUNT BE INSUFFICIENT TO COVER THE ENTIRE MEDICAL AND SURGICAL EXPENSE, I WILL BE RESPONSIBLE FOR PAYMENT OF THE DIFFERENCE; AND IF THE NATURE OF THE DISABILITY BE SUCH THAT IT IS NOT COVERED BY THE POLICY, I WILL BE RESPONSIBLE TO CY-FAIR ENT FOR PAYMENT OF THE ENTIRE BILL.

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE ABOVE SIGNED PHYSICIAN TO RELEASE ANY MEDICAL INFORMATION ACQUIRED IN THE COURSE OF MY EXAMINATION OR TREATMENT AS MAY BE NECESSARY FOR THE COMPLETION OF MY INSURANCE CLAIMS TO ANY INSURANCE CARRIER, HEALTH OR HOSPITAL PLAN.

NOTICE CONCERNING COMPLAINTS

ASSISTANCE IN FILING A COMPLAINT ABOUT PHYSICIANS, AS WELL AS OTHER LICENSEES AND REGISTRANTS OF THE TEXAS BOARD OF MEDICAL EXAMINERS, MAY BE REPORTED FOR INVESTIGATION BY CALLING THE FOLLOWING TELEPHONE NUMBER: (800) 201-9353.

PRIVACY PRACTICES

I HAVE READ THE NOTICE OF PRIVACY PRACTICES AND THE PATIENT RIGHTS INFORMATION POSTED IN THIS OFFICE.

SIGNATURE OF PATIENT OR GUARDIAN

DATE