

COASTAL CAROLINA UROLOGY GROUP, LLC
1055 Ribaut Road, Suite 10, Beaufort, SC 29902

John B. Adams II, M.D.

Louis F. Plzak, III, M.D.

Michael C. Staley, M.D.

MEDICAL RELEASE AUTHORIZATION AND INSURANCE ASSIGNMENT

I hereby authorize this office to apply for benefits on my behalf for covered services rendered. I request payment from my insurance company to be made to Coastal Carolina Urology Group, LLC. I understand and agree that regardless of my insurance status, I am ultimately responsible for the balance on my account.

I request that payment for authorized Medicare benefits be made either to me or on my behalf to Coastal Carolina Urology Group, LLC for any services or supplies furnished to me by Coastal Carolina Urology Group, LLC. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services.

I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information to my insurance company in order to determine insurance benefits to which I may be entitled. I may revoke this authorization at any time in writing.

I authorize Coastal Carolina Urology Group, LLC to release and/or send medical information regarding my case to other consulting and/or referring physicians.

FINANCIAL RESPONSIBILITY AGREEMENT

I understand that my insurance is a contract between the insurance carrier, and me and not between the insurance carrier and this office, and that I am still fully responsible for all fees. Late fees will be assessed on balances not paid by due date. Should timely payments of this account not be made, I authorize Coastal Carolina Urology Group, LLC to retain the services of an attorney and/or collection agency to assist with the collection of any outstanding balance. Any expenses incurred by such action shall become an additional liability for which I assume responsibility.

I understand that I will be charged an administrative fee of \$15.00 by Coastal Carolina Urology Group, LLC for completion of any forms required by you or your insurance provider. These forms include, but are not limited to statements of medical necessity, prescription precertifications, prescription refills requiring these statements, life insurance forms, disability insurance forms and any non-claim insurance forms.

Print Full Name

Signature

Date