



INSURANCE AUTHORIZATION

I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits to either myself or to the party who accepts assignment. I authorize payment of medical benefits to the above physician or supplier for services described on their claim forms.

Patient 's Printed Name

Signature of Patient/Responsible Party

Date

I acknowledge and understand that I am responsible for the payment of all charges incurred on my behalf as a patient, incurred on behalf of my family member who is a patient, or incurred on behalf of the patient for whom I have deeded to act as responsible party. Surgical procedures relating to trauma, disease and reconstruction can be filed on my medical insurance coverage. The portion, which my insurance does not cover, is my financial responsibility. All cosmetic procedures are to be paid 14 days in advance prior to the date of surgery.

In the event my account is not paid within 30 days, I agree to pay all costs and expenses of collection irrespective of whether suit is filed or not, including, but not limited to, a reasonable attorney's fee, court costs, and like, regardless of whether Menard Plastic Surgery, PC initiates the collections procedure itself or refers my account to an attorney for collection. I further agree to pay interest at 1.5% per month (18% annual percentage rate) on the outstanding portion of my account including unpaid interest until paid in full, and hereby waive all rights of exemption under the Constitution of the State of Alabama.