

Assignment of Benefits and Release of Information

I hereby assign medical and/or surgical benefits, to include major medical benefits, private insurance, or other health plans, to which I am entitled, applicable to charges by North Texas Family Medicine, Lisa Houk, APRN, BC and/or Robert A. Helsten, MD. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

I understand I am financially responsible for all charges, whether or not paid by the insurance company. I hereby authorize assignee(s) to release all information necessary to determine liability for payment and to secure the payment. I agree that should a dispute arise concerning payment for these services, the prevailing party is entitled to and shall recover attorney fees from the other party.

I understand that treatments and procedures will be explained orally and prior to my receiving the treatment or procedure. I agree to the treatments and procedures as deemed medically necessary. I also understand that I retain the right to refuse treatment at the time of service.

Signed: _____ Date: _____
