

STEINER RANCH PRIMARY CARE

Assignment of Benefits

I hereby assign to Steiner Ranch Primary Care any insurance or other third-party benefits available for health care services provided to me. I understand that Steiner Ranch Primary Care has the right to refuse or accept assignment of such benefits. I authorize Steiner Ranch Primary Care to release to my insurance company any information needed to determine these benefits or the benefits payable for related services.

I understand that I am financially responsible for all charges whether or not covered by insurance.

PATIENT NAME (Please Print)

DATE

SIGNATURE

**Acknowledgement of Review of
Notice of Privacy Practices**

I acknowledge I have received this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority