

Authorization / Assignment / Agreement to Pay

I authorize the physicians of Simon Mirelman Urology, P.C. to release my records to my insurance company when requested. Records may be requested to verify medical benefits or to authorize payments for services rendered.

I understand that I am responsible for my entire bill, and that the cost of my medical care may exceed the amount(s) reimbursed by my insurance companies. I agree I am responsible for the services rendered, and agree to pay any and all costs necessary for bill collection, including a reasonable attorney's fee. It is very difficult to project the full costs of medical services in advance, since it is impossible to know what services, tests, or procedures will be required in advance. I also understand that a fee schedule for services is kept at the front desk for me to review, upon request, before services are rendered. Simon Mirelman Urology, P.C. will make every reasonable effort to work with any patients needing special financial arrangements to pay for their care.

I understand that my physician at Simon Mirelman Urology, P.C. may at times be unavailable (e.g., out of town, on vacation, illness, etc.) and consent to receive care from his designee (physician) when it occurs.

Patient (or Responsible Party) _____

Date: _____