

Woman's Health Group, PLLC
Chundar Tsai, MD, PhD, PA

Assignment of Benefits

I hereby assign to Woman's Health Group any insurance or other third-party benefits available for health care services provided to me. I understand that Woman's Health Group has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Woman's Health Group I agree to forward to Woman's Health Group all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

Signature of Patient/Legal Guardian: _____

Date: _____

Authorization for Release of Information

I authorize Woman's Health Group to release all medical information (including, but not limited to, information on psychiatric conditions, sickle cell anemia, alcohol and drug abuse, and HIV or communicable diseases) requested by my health insurance carrier, Medicare or any other third-party payers. I authorize Woman's Health Group to release all medical information to my referring physician and my primary (family) physician. I authorize Woman's Health Group to contact my insurance company or health plan administrator and obtain all pertinent financial information concerning coverage and payments under my policy. I direct the insurance company or health plan administrator to release such information to Woman's Health Group.

I agree that these provisions will remain in effect until I provide written revocation to Woman's Health Group.

Signature of Patient/Legal Guardian: _____

Date: _____