AGC
Athens Gastroenterology Center, P.C.
21 Jefferson Place · Athens, Georgia 30601

CONSENT OF RELEASE OF INFORMATION FOR TREATMENT, PAYMENT, ASSIGNMENT OF BENEFITS, AND HEALTH CARE OPERATION

I, ____, hereby authorize Athens Gastroenterology Center, P.C., to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment, and health care operations.

TREATMENT AUTHORIZATION: I authorize you to give me reasonable and proper medical treatment by today's standards.

RELEASE OF INFORMATION: I release all of my medical records to Athens Gastroenterology Center, P.C., including those related to human immunodeficiency virus, psychiactric, drug/alcohol abuse, venereal disease, and any other statutory protected disease, as necessary for continued medical care, to obtain insurance reimbursement, or to comply with utilization review. I authorize this office to obtain previous medical records from other physician and/or medical facilities.

MEDICAL LIFETIME SIGNATURE ON FILE: If applicable, I request that payments of authorized Medicare benefits be made to Athens Gastroenterology Center, P.C./Gregory S. Smith, M.D., for any services furnished. I authorized any holder of medical information about me to release to the Health Care Finance Administration and its agent any information needed to determine these benefits or benefits payable for related services.

ASSIGNMENT OF BENEFITS: I request that payment of authorized insurance benefits be made on my behalf to Athens Gastroenterology Center, P.C.

FINANCIAL RESPONSIBILITY: I understand that Athens Gastronenterology Center, P.C., will file my insurance as a courtesy to me and that I will remain responsible for payment of copays, deductibles, non-covered services, and any other charges not paid by insurance within 45 days.

____   ________________________
Signature of patient or patient's representative   Date

____   ________________________
Printed name of patient or representative   Relationship to patient