

EDISON EMERGI MED

INTERNAL MEDICINE*FAMILY PRACTICE

BOARD CERTIFIED INTERNAL MEDICINE*FAMILY PRACTICE

HEMA DAVE, D.O.
JEFFREY PAPPERT, M.D.
SAGAR DESAI, M.D.
VALERIA KLESHCHELSKAYA, M.D.

SIGNATURE ON FILE

RELEASE AND ASSIGNMENT: PLEASE SIGN BELOW:

.....

- A. I AUTHORIZE EDISON EMERGI MED TO RELEASE ANY MEDICAL INFORMATION NECESSARY TO PROCESS MY INSURANCE CLAIMS TO THE HEALTH CARE FINANCING ADMINISTRATION.
- B. I AUTHORIZE THE PAYMENT OF ANY MEDICAL BENEFITS DIRECTLY TO EDISON EMERGI MED FOR MEDICAL SERVICES RENDERED.
- C. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL.
- D. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY CO-PAYMENT, DEDUCTIBLE, OR REMAINING BALANCES NOT COVERED BY MY INSURANCE.
- E. I AUTHORIZE EDISON EMERGI MED TO ACT AS MY AGENT IN HELPING ME OBTAIN PAYMENT FROM MY INSURANCE CARRIERS.

SIGNATURE: _____ DATE: _____