

Richard G. Morgan, MD.
NEPHROLOGY
1705 East 29th. Street
Bryan, Texas 77802

ASSIGNMENT OF INSURANCE
PATIENT'S INSURANCE AUTHORIZATION

PATIENT: _____

SOCIAL SECURITY #: _____

INSURED: _____

(IF DIFFERENT THAN PATIENT)

SOCIAL SECURITY #: _____

DOB: _____ RELATIONSHIP TO PATIENT: _____

TYPE OF INSURANCE

GROUP / POLICY NUMBER

_____ MEDICARE _____ / _____

_____ MEDICAID _____ / _____

_____ OTHER _____ / _____

_____ / _____

NAME OF INSURANCE

**PLEASE PROVIDE ALL INSURANCE CARDS, DRIVER'S LINCENSE OR ID, SO THAT WE MAY
MAKE A COPY FOR YOUR MEDICAL AND BILLING RECORDS**

I request that payment of authorized benefits be made on my behalf to Richard G. Morgan M.D. for any services furnished me by that physician. I authorize any holder of medical information about me to release to the appropriate carrier and its agent any information needed to determine these benefits or the benefits payable to related services.

I understand my signature requests that payment be made and authorizes release of medical information necessary to pay my claim. I understand that I am financially responsible for charges not covered by this assignment.

In Medicare assigned cases, the physician agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible for the deductible, coinsurance, and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.

PLEASE NOTE: It is the responsibility of the patient to notify and provide updated or new insurance information, to include insurance card presentation, for EACH visit. Failure to comply resulting in insurance non-payment for Dr. Morgan's services is the responsibility of the patient for payment.

INSURED/PATIENT'S SIGNATURE

DATE

PLEASE NOTE: We accept cash and checks for co-pays and accounts payable.