



Receipt of Notice of Privacy Practices Form

I, _____, hereby acknowledge receipt of the Physician's Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved the right to change his or her privacy practices that are described in the notice. I also understand that a copy of any revised notice will be provided to me or made available.

Signed _____

Date _____

If not the patient, please specify your relationship _____

Assignment to Pay Insurance Benefits

I hereby assign all medical and/or surgical benefits to which I am entitled, including Medicare, private insurance and any other health plans to 21st Century Urology, S.C. This assignment is for services rendered to me by any physician at 21st Century Urology, S.C. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure this payment. Any attorney or collection fees incurred due to delinquency in payment will also be charged to the patient or guardian of a minor.

Signed _____

Date _____