



Dr. Sandra A. Licata
542 East Main Street, | Batavia, NY 14020
Ph: (585) 343-5311 | Fx: (585) 343-2146

ASSIGNMENT OF BENEFITS

I authorize that payment be made directly to **DR. SANDRA A. LICATA** for any and all insurance benefits or reimbursement for services rendered which amounts would otherwise be payable to me under any insurance or pre-paid health care plan.

PAYMENT AGREEMENT

I understand that there is no guarantee that my insurance companies or pre-paid health care plan will cover, or pay for all my charges. Notwithstanding denial, reduction of benefits or failure to pay for any reason, I understand that I am responsible for all remaining charges. I understand that I am responsible for the copy, coinsurance or deductible set by my insurance company and is due at the time of service. Failure to pay at time of service may result in a service charge of \$5.00. There will be a \$25.00 fee for returned checks.

RELEASE OF INFORMATION

I authorize the release of any information concerning my health and health care services to my insurance company(s), pre-paid health plan(s), Medicare, employer, co-treating physician and/or referring physician.

AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish to DR. SANDRA A. LICATA, all records and reports, including x-rays and any other information they may request relating to any examination, treatment or opinion concerning my condition that I may have had in the past, now have or may have in the future.

ACKNOWLEDGMENT OF PRIVACY PRACTICES

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

RELEASE OF INFORMATION

I further authorize the release of any information concerning my health and health care services to the following designated individuals:

Designated Person: _____ Relation to Patient: _____
Address: _____ Phone: _____

Designated Person: _____ Relation to Patient: _____
Address: _____ Phone: _____

I have read and agree with ALL of the above statements of this form.

Patient Signature or Guardian/Responsible Party

Date