

## **ASSIGNMENT OF BENEFITS & RELEASE OF INFORMATION**

In consideration of services rendered, I hereby assign to Texas Kidney Institute, PA, and/or any physician who has treated me, all the rights, title, and interest in any payment due for services described herein as provided in the policy, or policies, of insurance. I agree to pay the charges of Texas Kidney Institute, PA, which are greater than the amount paid by the insurance company or companies. I understand that it is my responsibility to know the benefits of my insurance plan and whether or not the services I am to receive are covered or not. I understand that I am, financially responsible for all the services rendered to me. I understand and agree to pay all co-pays, co- insurance and/or deductibles at the time of service rendered.

I authorize Texas Kidney Institute, PA, and its billing agents to release pertinent medical information to my insurance company or companies when requested, or to facilitate payment of a claim.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **PRIVACY & SECURITY RELEASE**

As a covered of the Health Insurance Portability and Accountability Act (HIPPA) Texas Kidney Institute, PA, and its business associates are protecting the privacy and security of your medical information. As such we do not release any information without your approval. This includes, but is not limited to medical and financial information. Please list any persons below, whom you are giving permission to have Texas Kidney Institute, PA, or its business associates, release information in regards to your care or billing.

\_\_\_\_\_  
Person's Name

\_\_\_\_\_  
Relationship

( ) Medical ( ) Financial

\_\_\_\_\_  
Person's Name

\_\_\_\_\_  
Relationship

( ) Medical ( ) Financial

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

*You May Refuse to Sign this Acknowledgement*

I, \_\_\_\_\_ have received or read a copy of this office's Notice of Privacy Practices

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date