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LexingtonSleepSolutions.com



Physician Network Authorization/Consent Form

GENERAL AUTHORIZATION FOR TREATMENT/CONTACT

I authorize LMC Physician Practices to contact me on any cell phone number provided by me for the purposes of conducting business with me or contacting me concerning my account. I consent to the use of automated dialers for that purpose.______(*initials*)

I consent and give permission to **Lexington Sleep Solutions** to photograph me for internal purposes of patient identification only. This photograph will not be used for marketing purposes without the patient's expressed consent.

RELEASE AND ASSIGNMENT OF BENEFITS

I understand that payment is due at the time service is rendered. I hereby authorize the release of any medical information to (1) an insurance company through which I claim benefits and (2) any physician involved in my medical care. I realize the authorization allows LMC Physician Practices to release any information to any of my insurers or physicians. I authorize and direct my insurers to pay directly to LMC Physician Practices and/or its physicians any and all benefits up to the amount of my bill pertaining to all charges incurred. I assign to LMC Physician Practices, including its affiliates, any and all benefits or proceeds, of any type whatsoever, to which I am entitled, with respect to the health care service(s) I receive, including but not limited to, the proceeds of any liability settlement or judgment being paid by or on behalf of a third-party and any benefits due from any third-party insurance policy. I direct that all such benefits be paid directly to LMC Physician Practices and/or its affiliates, including its physicians, and applied to my account(s) until the account(s) is paid in full. I understand that I am personally responsible for any remaining fees. I hereby agree to pay all costs and reasonable attorney fees in the event this account is turned over to an attorney for collection. ______(*initials*)

| Print Patient Name: | D0B: |
|---|-------|
| | |
| Patient Signature: | Date: |
| Responsible Party Signature (if different): | Date: |
| 8541-002-1 (02/16) | |