



Born Again Obstetrics & Gynecology
3220 Buddy Owens Blvd. Suite 300
McAllen TX 78504
OFFICE (956) 627-5246

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I, the undersigned, hereby assign the rights and benefits of the applicable medical payments to Born Again Obstetrics and Gynecology for the services and supplies rendered for my treatment. I understand and agree that this Assignment of Benefits will have continuing effect for so long as I am being treated or cared for by Born Again Obstetrics and Gynecology, and will constitute a continuing authorization, maintained on file with the Born Again Obstetrics and Gynecology, which will authorize and allow for direct payment to Born Again Obstetrics and Gynecology, of all applicable and eligible insurance benefits for all subsequent and continuing treatment, services, supplies and/or care provided to me by Born Again Obstetrics and Gynecology. This assignment will remain in effect until revoked by me in writing. A photocopy of this statement is to be considered as valid as an original.

I hereby authorize Born Again Obstetrics and Gynecology to release any and all medical records including medical, surgical, psychiatric, substance abuse, HIV and genetic information which may be found within the records needed to secure payment or determine benefits from insurance payers and other third party administrators. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all charges whether or not paid by said insurance.

I have read and understand the Assignment of Benefits and Release of Information policies contained herein.

Print Name: _____ Date _____

Patient Signature: _____