

**ADVANCED UROLOGY, INC.**

_____	_____	_____
First Name	M.I.	Last Name
Date of Birth: _____		Social Security #: _____

**ASSIGNMENT OF BENEFITS**

In consideration of any medical care provided to the above named patient, I assign to Advanced Urology, Inc. and its physicians all my rights to any and all medical insurance benefits to which I am or may be entitled by any health plan.

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize Advanced Urology, Inc. and its physicians to disclose individually identifiable health information created or received by Advanced Urology, Inc. and its physicians, whether oral or recorded in any form of medium, regarding the above-named patient to any health plans that may be responsible for providing or paying the cost of rendered services in order to carry out payment activities.

I further authorize Advanced Urology, Inc. and its physicians to disclose such health information to contractors or other persons who carry out, assist in the performance of, or perform functions or activities for Advanced Urology, Inc. and its physicians, including legal, auditing, consulting, data processing, billing and coding services, and services related to health care operations, provided that such persons have provided assurances that the information will be appropriately safeguarded.

This authorization may be revoked in writing at any time except to the extent that actions have been taken in reliance thereon.

**GUARANTEE OF PAYMENT**

I understand that I will be fully responsible for payment of any and all charges not covered by medical insurance at the current rates established by Advanced Urology, Inc. for all services rendered the above named patient.

I hereby further agree that I shall be responsible for any expense of Advanced Urology, Inc. in collecting the amounts guaranteed hereby, including all court costs, reasonable attorneys' fees and all other collection expenses.

X \_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Legal Representative (if applicable)

\_\_\_\_\_  
Legal basis on which consent is given  
by Representative