AMIR SALIM, M.D. P.A.

450 N. Texas Avenue Suite C
Webster, TX 77598

Assignment and Release

I, the undersigned, have coverage with _____
and assign directly to Amir Salim, M.D. P.A. all medical benefits. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the use of this signature for all insurance submissions.

I further authorize the use of this signature as Treatment Authorization and give permission to Amir Salim, M.D. P.A. to give me reasonable and proper medical care based on today's standards.

I further authorize the use of this signature as Lab and Insurance Submission Consent and give permission to Amir Salim, M.D. P.A. to submit blood specimens to the lab of choice for analysis and study. I also authorize the submission for payment to my insurance for charges incurred for said labs and further agree to full responsibility for payment of any non-covered services.

As responsible party for this account I agree to pay the balance due. Should the billing department need to contact me in regards to this account and are unable to reach me by mail or home phone, then I may be reached at the work place.

Patient name (printed): _____ DOB: _____

Signature: _____ Date:_____
(patient or person authorized to give consent)