

**PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
MEDICAL INFORMATION RELEASE/CLAIM SETTLEMENT**

I authorize the release of any medical information necessary to process claims for services that this physician provides for me.

I authorize the release of any medical information necessary to coordinate care between Dr. Hamilton and other health care providers participating in my care. It may include accessing data from the Prescription Monitoring Program.

I also request payment of insurance/government benefits to the physician provided services who accepts assignment.

Patient/responsible party understands that they are responsible for any deductible or non-covered services if insurance coverage is being utilized.

I understand that interest at the rate of 1.5% per month (18% annual) will apply to any balance over 30 days old unless prior arrangements are made.

Patient/responsible party understands that they are responsible for any service charges or collection fees should this account be sent to an out of office collection agency.

I further agree in the event of non-payment, to bear the cost of collection, and/or Court costs and reasonable legal fees should this be required.

Patients that are private pay (no insurance) or have an 80%/20% policy are expected to pay at the time services are rendered.

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PATIENT/AUTHORIZED SIGNATURE

DATE

**DR. WILLIAM A. HAMILTON 'S INSURANCE POLICY**

It is the policy of the office to file your insurance as a courtesy. However, we do expect payment at the time services are rendered for any private responsibility.

It is very important that you be familiar with your insurance carrier and what is provided under your plan. With the changes in different healthcare policies, it is your responsibility to provide us with the correct ID card, referral or referral number, all of which must include proper information.

Please understand that without this information, the patient will be responsible for filing their own claims.

If there are any questions or if other arrangements need to be made, please do so prior to seeing the doctor.