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Medical Information Release/ Financial Responsibility

I hereby consent for *CNY Women's Healthcare, PC* to release and disclose all information that has been and that will be received, recorded or compiled concerning my medical care and treatment to all appropriate persons for the purpose of treatment, health care operations and evaluating claims for payment or reimbursement for charges and expenses under any public Title XVIII of the Social Security Act (Medicare), or any private reimbursement which may have a bearing on benefits payable by or on behalf of any such person. I hereby authorize *CNY Women's Healthcare, PC*, its employees and agents to act on my behalf in completing claims. I may revoke this consent in writing at any time and all future disclosures will then cease.

I hereby assign the payment of medical benefits made by Medicare, under Title XVIII of the Social Security Act, and/or all other third party insurance carriers to be made directly to *CNY Women's Healthcare, PC*. I understand that the assignment does not relieve me of the financial responsibility for any co-pays, co-insurance, deductibles and/or non-covered services. If payments of benefits have been made directly to me, I will either endorse the check(s) as “**Pay to the order of CNY Women's Healthcare, PC**” or will write a personal check to *CNY Women's Healthcare, PC*. I will notify CNY Women's Healthcare, PC immediately of any change(s) to my insurance coverage.

*Therefore, before you can be seen as a patient at our office, we request that you
initial and sign our form for our office.*