

PULMONARY ASSOCIATES

Dr. Richard Giosa, Dr. Laurence Nair, Dr. Aly Hemdan
455 Lewis Ave, Suite 206, Meriden CT 06451

Any monies payable to Drs Giosa, Nair, or Hemdan will be paid directly to Pulmonary Associates.

I authorize the release of any medical information to my insurance carrier as requested by them, for the adjudication of my healthcare claim for the services rendered to me by Pulmonary Associates.

I _____, hereby authorize Drs, Giosa/ Nair/ Hemdan to release any and all of my medical records to government agencies and insurance agencies to obtain payment for medical services, I authorize Drs Giosa/ Nair/ Hemdan to accept assignments of benefits for applicable and participating carriers. I further understand that I am responsible for all my remaining balances including my deductible, co-pay, and out-of-pocket expenses and any balance unpaid by insurance agency or government agency. The authorization shall be binding by me, my dependents, and their heirs, executors, and administrators.

I permit a copy of this authorization to be used in place of the original.

Patient Signature _____ Date _____

I authorize my medical benefits be payable to Pulmonary Associates.

Patient Signature _____ Date _____