

ALLERGY, ASTHMA & IMMUNOLOGY CONSULTANTS, INC.

M.K. PUNJA, M.D.
1173 NW 64th Terrace
Gainesville, FL 32605

**AUTHORIZATION FOR INSURANCE ASSIGNMENT
AND RELEASE OF INFORMATION**

1. RELEASE OF INFORMATION

I authorize Allergy, Asthma & Immunology Consultants, Inc. to release to any insurance company or governmental agency, (i.e.: BCBS, Medicare, Champus, etc.), any medical information contained in my records, when such material is required in connection with determining a claim for payment.

2. INSURANCE ASSIGNMENT

I authorize direct payment from any insurance company or governmental agency to Allergy, Asthma & Immunology Consultants, Inc. for any medical benefits otherwise payable to me for services of Allergy, Asthma & Immunology Consultants, Inc., but not to exceed the reasonable and customary charges for these services. I authorize payment as a direct assignment of my rights and benefits under my insurance policy, I instruct and direct my insurance carrier to pay by check made out and mailed to: ALLERGY, ASTHMA & IMMUNOLOGY CONSULTANTS, INC. 6400 West Newberry Road, Suite 109 * Gainesville, FL 32605-4388.

3. I PERMIT A COPY OF THESE AUTHORIZATIONS AND ASSIGNMENTS TO BE USED IN PLACE OF THE ORIGINAL, WHICH IS ON FILE AT THE PHYSICIAN'S OFFICE. This assignment will remain in effect until revoked by me in writing.

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. I understand it is my responsibility to pay any deductible amount, co-insurance or any other balance not paid for by my insurance or third payor within a reasonable period of time.

SIGNATURE _____
Insured or Authorized Person's Signature

DATE: _____

ORIGINAL SIGNATURE ON FILE AT PHYSICIAN'S OFFICE