

**ASSIGNMENT OF BENEFITS
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

I hereby assign all medical, surgical, and/or third party payer benefits to which I am entitled, including private insurance, Medicare and/or any other health plan to Gastroenterology Associates of Southeast Missouri, P.C. and GA Endoscopy Center, LLC (said companies) for any services furnished me by the companies. I authorize the companies to release any medical information to such private insurance, the Centers for Medicare & Medicaid Services and/or any other health plan to the extent such information is needed to determine benefits or benefits payable for related services. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. **I understand that I am financially responsible for all charges whether or not paid by said insurance. If the above services are being provided to a minor, the personal representative below agrees that he/she is financially responsible for all charges whether or not paid by said insurance.**

X _____ Patient's (or personal representative) initials

I understand that I have a right to review the companies' Notice of Privacy Practices prior to signing this document. A copy is available upon request. The Notice of Privacy Practices provides information about how the companies may use and disclose protected health information about me. A copy of this Notice of Privacy Practices is also provided in the waiting area of each of the companies.

I also hereby authorize the companies to release my health care information to the persons listed below.

X _____
Today's Date

X _____ X _____ X _____
Signature of Patient Printed Name of Patient Birth Date

Personal Representative/Description of Authority Printed Name

**GASTROENTEROLOGY ASSOCIATES OF SOUTHEAST MISSOURI, P.C. AND GA ENDOSCOPY CENTER, LLC ARE AUTHORIZED TO RELEASE MY HEALTH INFORMATION TO THE FOLLOWING:
(PLEASE PRINT)**

- | | |
|-------------------------------------|-------------------------|
| 1. X _____
(Name) (Relationship) | X _____
Phone Number |
| 2. _____
(Name) (Relationship) | _____
Phone Number |
| 3. _____
(Name) (Relationship) | _____
Phone Number |
| 4. _____
(Name) (Relationship) | _____
Phone Number |