Brian J. McCool, M.D.

McCOOL & BHUTA

Ear Nose and Throat Specialists

Tarika Bhuta, M.D.

Authorization for Treatment/Payment

I hereby authorize McCool & Bhuta Ear Nose and Throat Specialists, P.C. (i.e. the physician and any staff) to provide medical treatment and hereby agree to pay any outstanding balance, either not covered or denied by my insurance company or third party payor.

Authorization For Release of Medical Information

I authorize any holder of medical information about me to release said information requested by insurance companies or any third party payor with whom I have coverage. Futhermore, I authorize any holder of medical information about me to release said medical information to a Physician or medical professional who may participate in my care.

Assignment of Benefits

I hereby authorize payment of benefits be made directly to McCool & Bhuta Ear Nose and Throat Specialists, P.C., for services provided to me by said group. I understand that I am financially responsible for charges not covered by this assignment, including charges determined non-covered by my insurance carrier.

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Signature of Patient Date

Any physician, staff, employee of McCool & Bhuta Ear Nose and Throat Specialists, P.C., has my permission to discuss my account and medical conditions which may include symptoms, treatments, diagnosis, medication or any other type of protected health information with the following persons.

Name _____ Relationship_____

Name _____ Relationship_____

3055 Independence Drive (Highway 31), Homewood, AL 35209

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