



## Mandeville Plastic Surgery

Brian H. Strand, M.D., F.A.C.S.  
*Diplomate, American Board of Plastic Surgery*

### PATIENT AUTHORIZATION

\_\_\_\_\_ I certify that I have NO insurance which will pay benefits for medical services.

#### INSURANCE ASSIGNMENT

In consideration of services rendered or to be rendered, I hereby assign and transfer to Brian H. Strand, M.D., any benefits payable to or for my benefit under hospitalization or sickness insurance, and any other insurance coverage, to include major medical for the payment of such services rendered. I agree to cooperate, aid and assist Brian H. Strand, M.D. in procuring all possible insurance benefits including initiation and fulfillment of all policy provisions such insurance may require for payment. This assignment of benefits is irrevocable and extends to the total amount owed to Brian H. Strand, M.D. A photocopy of this assignment of benefits is to be considered as valid as the original.

INITIAL: \_\_\_\_\_

#### RELEASE OF INFORMATION

I authorize Brian H. Strand, M.D. to release any medical information requested by representatives of local, state or federal agencies, insurance companies, or other organizations or entities as may be required by said representatives for payment of claims arising out of these medical services as are due to Brian H. Strand, M.D.

INITIAL: \_\_\_\_\_

#### PAYMENT TERMS

Payment at time of service is expected unless prior arrangements have been made. Delinquent accounts are subject to interest at 1.5% per month plus all fees for collection if referred to any outside agency. Attorneys fees and court costs if applicable.

#### PHOTOGRAPH RELEASE

I authorize the use of all photographs taken of me for any medical purpose deemed appropriate by my physician. I authorize the release of pre- and postoperative photographs to referring physicians.

DATE: \_\_\_\_\_

\_\_\_\_\_ RESPONSIBLE PARTY OR PARENT