

Chihal ENT Associates, P.A.
4325 North Josey Lane, Suite 101
Carrollton, Texas 75010
Phone: 972-492-4006 Fax: 972-492-7198

I Authorize Payment of Medical Benefits to:

Chihal ENT Associates, P.A.

I hereby authorize payment directly to **Chihal ENT Associates, P.A.** for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges and services rendered on my behalf or my dependents, whether or not paid by insurance.

I authorize **Chihal ENT Associates, P.A.** and /or any provider or supplier of services in this office to release any information required to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

This assignment will remain in effect until revoked by me in writing.

Printed Name

Social Security Number

Signature

Date of Birth

Today's Date