

INSURANCE AUTHORIZATION AND ASSIGNMENT OF BENEFITS

I authorize Dermatology Associates of York, Inc. to release medical or financial records and information related to medical care and treatment provided to me by Dermatology Associates of York, Inc. to the extent reasonably necessary to obtain reimbursement for such services.

- This information could be released to any physician, health care professional, insurance company, health maintenance organization employer, governmental agency, third party claims administrator, payor of medical care, medical device manufacturer, or any other health care facility involved in my care, including all affiliates of Dermatology Associates of York, Inc.

- This release of information may take the form of written records, oral discussions, or direct access to computerized information maintained by Dermatology Associates of York, Inc.

I authorize any insurance company, health plan, employer, governmental agency, or other third party payor of medical benefits to make payment directly to Dermatology Associates of York, Inc. Based on the services provided to me by Dermatology Associates of York, Inc., I assign to Dermatology Associates of York, Inc. any and all rights to receive such payments.

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