Kent A. Logan, MD
Neurology Specialties Practice - 55 High Street Suite 301, Hampton NH 03842
Phone: 603-601-7762 | Fax: 603-601-6040

RELEASE OF BILLING INFO AND ASSIGNMENT OF BENEFITS

Patient Name: _____ **Date of Birth:** _____

I understand I am financially responsible for all of the charges and bills associated with my care and treatment, except to the extent that all or part of these charges or bills are paid or covered by health insurance, a government healthcare program (such as Medicare or Medicaid), or another party responsible for their payment (all of which are referred to as "Third Party Payers"). I authorize KENT A. LOGAN, MD NEUROLOGY SPECIALTIES PRACTICE to submit bills or claims and related information concerning my health status, treatment, and payments made for my care and treatment to any applicable Third Party Payer and its business associates. I also authorize such Third Party Payers to make payments directly to KENT A. LOGAN, MD NEUROLOGY SPECIALTIES PRACTICE in response to these bills or claims.

_____

Patient Printed Name **Date**

_____

Patient Signature