

Beaumont

Acute Care Surgery
Dr. Peter Perakis, Dr. Kerry Kole, and Dr. Patricia Pentiak

Release of Patient Information

Do you wish to authorize the release of your medical information to another individual(s), such as spouse, parent, child, guardian, partner, etc? Yes No

Name of individual to which information may be released

Relationship to Patient

Name of individual to which information may be released

Relationship to Patient

Name of individual to which information may be released

Relationship to Patient

Signature of Patient, Parent, Guardian or Personal Representative

Date

Advance Directive

Do you have an Advance Directive? Yes No

If yes, please provide us with a copy for your electronic medical record.

Assignment and Release

I certify that I, and/or my dependent(s), have insurance coverage with the named insurance and are assigned directly to Dr. Perakis, Dr. Pentiak or Dr. Kole for all insurance benefits. I understand that I am financially responsible for all charges for services rendered for my appointments whether or not paid by insurance. I authorize the use of my signature on all submissions. Dr. Perakis, Dr. Pentiak, Dr. Kole and their agents may use my health care information and may disclose such information to my insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related service.

Print Name of Patient, Parent, Guardian or Personal Representative

Signature of Patient, Parent, Guardian or Personal Representative

Date

PATIENTS MUST BRING COMPLETED FORM WITH THEM TO THEIR CONSULTATION APPOINTMENT OR BE PRESENT TO SIGN