

## **TEXAS PHYSICIANS GROUP Primary Care and Specialty Clinics** Affiliate of Lubbock Heart & Surgical Hospital

Authorization for Payment and/or Release of Information to

**Private or Supplemental Group Insurance** 

**Patient Name Chart Number** Address AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to the undersigned physician or physicians of the surgical and/or medical benefits, if any, otherwise payable to me for his services as described below, but not to exceed the reasonable and customary charge for those services. Х Signed (insured person, parent, or legal guardian) Date AUTHORIZATION TO RELEASE INFORMATION: I hereby also authorize the undersigned physician to release any information acquired in the course of my examination or treatment. Х Signed (patient, parent, or legal guardian) Date Medicare I request that payment of authorized Medicare benefits be made either to me or on my behalf to TEXAS PHYSICIANS GROUP/LUBBOCK HEART AND SURGICAL HOSPITAL, for any services furnished me by that Professional Association. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents for information needed to determine these benefits or the benefits payable for related services. Х Signed (only if you have Medicare) Date Family Practice Cardiac Electrophysiology Cardiologists of Lubbock Charles E. Addington, D.O. Carlos Rizo-Patron, M.D. Mounir Borno, MD 4802 North Loop 289 Walter Brogan, MD Johnny Turner, PA Gerald Gallinghouse, M.D. Lubbock, Texas 79416 6102 82<sup>nd</sup> Street, Unit 14 (806) 788-0040 Ofc 4642 N. Loop 289, Suite 211 James Grattan, MD Lubbock, Texas 79424 Lubbock, Texas 79416 M. Alan Sharif, MD (806) 788-0015 Fax

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Roberto Solis, MD

(806) 722-2161 Ofc.

(806) 722-2181 Fax

(806) 712-0446 Ofc.

(806) 712-0450 Fax

Referrals: tpg-referral@lubbockheart.com