

Mount Dora Podiatry

Janet L. Black, D.P.M., P.A.
Diplomate, American Board of Podiatric Surgery
Board certified in foot surgery
Fellow, American College of Foot & Ankle Surgery

Release of Records & Physician Lien

I hereby authorize any physician, hospital, pharmacy, insurance company, employer, or organization to release any and all medical information, history, records, diagnosis, reports, or x-rays in your possession concerning the undersigned to Janet L. Black, DPM, PA. I also authorize Janet L. Black, DPM or billing service contracted for Janet L. Black, DPM, PA to furnish records to insurance companies and representatives of the patient. A photo copy of this authorization shall be valid as the original.

Signature of Patient

Date

I hereby authorize my insurance company to pay directly to Janet L. Black, DPM, PA the expense benefits allowable and payable to me under my current insurance policy, as payment toward the total charges for professional service rendered. This payment shall not exceed the indebtedness to above mentioned assignee and I agree to pay in a current manner, a balance of said professional service charges over and above this insurance payment.

Signature of Patient

Date