

GULF SHORES GENERAL PRACTICE, P.C.  
2103 WEST FIRST STREET  
GULF SHORES, AL. 36547

FINANCIAL RESPONSIBILITY

The undersigned in consideration of medical services to be rendered at Gulf Shores General Practice by Gregory S. Funk, D.O. to the below named patient, does hereby agree to pay to Gregory S. Funk, D.O. on demand for said services and related charges on behalf of such patient. If payment or arrangements for payment, as approved by Gulf Shores General Practice, are not made within thirty (30) days of demand, the account may be turned over for collections. The undersigned agrees to pay up to 33% collection fees, not including attorney's fees.

**Patient Initial here:** \_\_\_\_\_

AUTHORIZATION TO OBTAIN AND RELEASE MEDICAL INFORMATION

Any hospital and attending physicians and other medical providers are hereby authorized to release to Gregory S. Funk, D.O. and/or Gulf Shores General Practice any medical records required in the processing of applications for financial coverage or insurance benefits to the patient. Further, I hereby authorize Gregory S. Funk and/or Gulf Shores General Practice to release any records and information generated by Gulf Shores General Practice and its healthcare providers and all records and information obtained from outside licensed physician, hospitals, clinics and any other medically related facilities to any party as may be necessary for purposes of subrogation and/or direct recovery.

**Patient Initial here:** \_\_\_\_\_

RELEASE AND ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize direct payment of medical and surgical benefits to Gregory Funk D.O. at Gulf Shores General Practice. I authorize the release of my medical information necessary to process my insurance claims. I agree that this authorization will continue until such authorization is revoked by me. I agree that a photocopy of this form may be used in lieu of the original. I understand that I am personally responsible to Gregory Funk D.O. for all charges for such services.

\*Your medical insurance policy is a contract between you, the patient, and your insurance carrier. GSGP is not a party to that contract. Your coverage, (network) benefits, requirements for co-payment, deductible, authorizations, and other aspects are detailed in your policy, and are your responsibility.\*

**Patient Initial here:** \_\_\_\_\_

**THIS AUTHORIZATION GRANTS VALID, LEGAL AND ENFORCEABLE RIGHTS TO GULF SHORES GENERAL PRACTICE AND/OR GREGORY FUNK D.O. YOU SHOULD READ THIS DOCUMENT CAREFULLY PRIOR TO SIGNING IT. BY YOUR SIGNATURE BELOW, YOU ACKNOWLEDGE THAT YOU HAVE BOUND BY ITS TERMS AND CONDITIONS.**

**GUARANTOR / PATIENT** \_\_\_\_\_  
**SIGNATURE**

