Dayton Dandes
MEDICAL CENTER
Prioritizing your health!

18600 Collins Avenue
Sunny Isle Beach, Florida 33160
Office (305) 931-8484 Fax (305) 936-1849
www.daytonmedical.com

PATIENT AUTHORIZATION AND RELEASE

I authorize the release of any information including the diagnosis and records of any treatment or examination rendered to my dependents or me during the period of such care to any third party payers and other health practitioners. I authorize and request that my insurance company make payments of benefits otherwise payable to me, for services rendered, directly to the doctor or doctor's group. I understand that my insurance carrier may deny or pay less than the actual bill for services rendered, and I agree to be responsible for payment in full of all services rendered on my behalf or my dependents' behalf. I understand that my doctor decided not to carry medical malpractice insurance. This is permissible under Florida Law, please see notice posted in the office waiting room.

THE UNDERSIGNED agrees, whether he/she signs as parent, spouse guarantor, guardian or patient, that in consideration of the services rendered to the patient, he/she hereby individually obligates himself/herself to pay the account. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees, collection expenses and interest up to 18% per Florida law.

Payment is due at the time services are rendered.

I have read and fully understand the above statement and agree to its terms.

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Patient's signature Date

PATIENT RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGMENT FORM

I have received a copy of the Notice of Privacy Practices from Dayton-Dandes Center for Integrative Medicine which Dayton-Dandes Medical Center HAS posted on the wall in the waiting room area and must account for delivery by Law to comply with the Health Insurance and Portability Act (HIPPA).

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Patient's signature Date