LIGHTBENDERS, PLLC.
Drs Murray, Groves & Barnes

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Bridgeport, WV 26330
(304)842-6226

Financial Responsibility- By signing this statement I agree that I have reviewed the Murray, Groves & Barnes Financial Agreement, Version VI, and agree to all of the terms listed.

Authorization to receive funds from insurance companies- I authorize Murray, Groves & Barnes to receive payment on my behalf from my insurance company. I understand that I am responsible for all charges, regardless of insurance coverage. Benefits quoted are not a guarantee of payment and I will be responsible for the balance.

Authorization to Release Medical Information- I authorize Murray, Groves & Barnes to release/request medical information on my behalf to/from any entity to assist in my medical care per my request. This assignment will remain in effect until revoked in writing.

Private Health Information- My signature below acknowledges that I was provided the opportunity to receive/review a copy of Murray, Groves & Barnes Privacy Policy Notice.

Authorization to perform medical procedures- I authorize Murray, Groves & Barnes to perform medical procedures on me related to my medical exam and treatment.

Patient Name: ___________________________________ Date: _________________

Patient/Guardian Signature: ____

A copy of this form will be transferred to an electronic format and will be considered as valid as the original.