PIEDMONT NEUROSURGERY AND SPINE

330 JAKE ALEXANDER BLVD. WEST
SUITE 104
SALISBURY, NC 28147
PHONE (704) 645-0901
FAX (704) 645-0907

Ranjan S. Roy, MD PhD Rhonda S. Elliott, PA-C.

PLEASE SIGN THIS FORM IN BOTH PLACES BELOW AND PRESENT YOUR INSURANCE CARD/CARDS TO THE WINDOW. THANK YOU!

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN

I hereby authorize payment directly to Piedmont Neurosurgery and Spine of the surgical and/or medical benefits, if any, otherwise payable to me for services received by me or other insured party not to exceed the reasonable and customary charge for those services.

Signature____________________________________ **Date** ________________________

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the treating physician and/or staff of Piedmont Neurosurgery and Spine to release any information acquired in the course of my examination or treatment to specific insurance carriers, third party payors, or others involved in processing and collection of my claims.

Signature ____________________________________ **Date** ________________________