Valerian Chyle, Jr., M.D.
Board Certified Radiation Oncologist
American Board of Radiology
218 Sidney Baker
Kerrville, Texas 78028
(830) 257-2070

INSURANCE PAYMENT ORDER

I request that payment of authorized benefits be made to Valerian Chyle, Jr., M.D., PLLC under the terms of my policy issued by your company/Medicare/Medicaid/Tricare for any services rendered to me.

I acknowledge that if my insurance company will not pay charges for services rendered by Valerian Chyle, Jr., M.D., PLLC, I agree to arrange a suitable payment arrangement. Also, I agree to remit to Valerian Chyle, Jr., M.D., PLLC within ten (10) days any Medicare/Medicaid/Tricare or other insurance payments made directly to me as coverage for the services rendered.

*******Note: If you belong to an HMO, you may be responsible for getting authorization or assisting us in getting authorization for your consultation /treatment through your primary care physician. If this authorization is not obtained, you may be responsible for payment of your account.

Print Name ______________________ Date of Birth ______________________

Legal Signature ______________________ Date ______________________