Coastal Bend Neuropsychology, PLLC
4646 Corona Dr., Suite 258
Corpus Christi, Texas 78411
(361) 334-0256 Phone
(361) 400-5558 Fax

Release and Billing Authorization

I hereby authorize my insurance company, including Medicare (if I am a Medicare Beneficiary), to make payments to Leanne M. Buttross, Ph.D., or Coastal Bend Neuropsychology, PLLC, for medical or psychological services or items rendered to me or my dependent by Dr. Buttross at Coastal Bend Neuropsychology. Should my insurance carrier deny Coastal Bend Neuropsychology payment, I understand that I am financially responsible for the charges. I authorize Dr. Buttross and Coastal Bend Neuropsychology to release any and all of my records to my insurer, or any other third-party payer legally responsible for the payment of medical expenses. I certify that the information provided or to be provided by me is correct and complete to the best of my knowledge. It is my responsibility to update any and all personal, insurance and health information.

_____ _____

Printed Name/Legal Representative Relationship to Patient

_____ _____

Signed Name Date