

The Orthopaedic and Joint Replacement Center

12121 Richmond Ave., Suite # 408
Houston, TX 77082
Phone (281) 293-8307 • Fax (281) 293-9984

I hereby assign to **Samer Tawakkol, M.D.**, all payments which I am entitled to for medical and/or surgical expenses, including major medical and supplemental benefits relative to the services reported for the above.

I understand that I am financially responsible to said medical clinic for charges not covered by this assignment, and failure to pay may cause any unpaid balances to be transferred to a collection agency and credit bureaus.

I hereby authorize the release of my medical information to my insurance company.

On this day, I have received a copy of the Health Insurance Portability and Accountability Act (HIPAA) information packet.

Patient's Name _____

Patient's Signature _____ Date _____