Greg E. Eudy, MD PC
Suite 211, 2022 Brookwood Medical Center Drive
Birmingham, Alabama, 35209

RELEASE OF MEDICAL INFORMATION

I hereby authorize the release of medical information to my physicians, and insurance carriers. I also hereby authorize my pharmacy to release any information regarding my prescription history, to consultants if needed and as necessary to process insurance claims, insurance applications, prescriptions, and to update my medications history.

I also hereby authorize payment of medical benefits directly to the physician.

Agreement: I, the undersigned (patient or legal guardian), authorize medical treatment to be rendered by Dr. Greg E. Eudy and staff, and assume financial responsibility for charges arising from this treatment. In the event that my account is not paid in full within 90 days, I, the undersigned, also agree to permit use of wireless telephone numbers associated with my account to be used in attempts to collect a ***valid balance due***[#]. I further agree to pay all costs of collection including reasonable attorney fees, and hereby waive all rights of exemption under the constitution and laws of the state of Alabama.

[#] (Note: if Dr. Eudy has a contractual agreement with your insurance carrier, a ***valid balance due*** is the 'patient responsibility' portion remaining after insurance payments and discounts have been applied to all charges.)

_____ Date _____/_____/_____

Signature of patient or legal guardian