



St. Louis Minimally Invasive Spine Center

Neurosurgery

Kurt Eichholz, MD, FACS

Peter Sylvester, MD, MHA

Orthopedic Surgery

Robert A. Morgan, MD, FACS

**Release of Information, Assignment of Benefits and
Financial Responsibility**

Patient's Name: _____

Insured's Name: _____

Release of Information: I authorize the release of medical and financial information for the purpose of collection of my account. I also authorize my insurance benefits to be paid directly to Kurt M. Eichholz, MD/St. Louis Minimally Invasive Spine Center, LLC and acknowledge that I am financially responsible for any unpaid balance. I agree to pay this balance in full, and if unable to pay in full, will make other arrangements with the office.

Insured Agreement: I am aware that my insurance carrier may require me to use participating providers and to follow plan requirements, including primary care referral if applicable. Further, I agree to contact my insurance company about all outpatient procedures and/or diagnostic imaging, to assure that any required surgical second opinions and precertifications are completed prior to the procedure. I also agree that failure to comply could result in my sole responsibility to pay any charges for services rendered.

Self-Pay Agreement: If I do not have any insurance coverage, or if my insurance carrier does not cover this service, I agree to be responsible for the full balance. If I am unable to pay the balance in full, I agree to make other arrangements with the office. I understand St. Louis Minimally Invasive Spine Center, LLC charges \$30.00 for any checks which are returned for insufficient funds. I also understand that if I default in payment of my account that I will be responsible for all collection fees and/or attorney fees and court costs.

Test Results: I understand it is my responsibility to contact the office of Kurt M. Eichholz, MD for all test results.

Signature of Patient (if minor, legal guardian)

Date

Receipt of Notice of Privacy Practices

I have received a copy of St. Louis Minimally Invasive Spine Center's Notice of Privacy Practices dated 4/01/13.

Signature of Patient (if minor, legal guardian)

Date

St. Louis Minimally Invasive Spine Center

www.stlmisc.com

4590 Lindbergh Blvd.

St. Louis, MO 63127

phone (314) 270-9494

fax (314) 270-9495