

CAROLINA COSTAL PLASTIC SURGERY & MEDICAL SPA  
1275 21<sup>ST</sup> AVE. NORTH  
MYRTLE BEACH, S.C. 29577  
(843) 448-9977

STEVEN K. WHITE SR., MD

SIGNATURE ON FILE  
ASSIGNMENT OF BENEFITS  
AUTHORIZATION FOR RELEASE OF INFORMATION

1. I am financially responsible for payments of all charges incurred with this office at the time of service. After 60 days, a 1.5% monthly finance charge will be applied to any unpaid balance.
2. I hereby agree to pay any and all charges that exceed or are not covered by insurance, including supplies not paid for by Medicare.
3. I authorize assignment of my insurance benefits with payment directly to this office.
4. I authorize the release of information that is required by my insurance company, including Medicare.
5. I authorize the release of information to a physician or hospital I may be referred to.
6. I authorize the release of information to this office from another physician or hospital.
7. I authorize a copy of this form can be used in place of the original.
8. I authorize appointed peer physicians to review my charts to assure the delivery of the highest quality medical care.
9. I authorize use of this form as my original signature for credit card purchases.
10. I authorize the release of information regarding my medical condition to family members or others, Who may be involved in my care, with the exception of those named below:

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I have read and understand all of the above statements.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date