



NALLY FAMILY PRACTICE

Patient: _____ D.O.B: _____

ERISA Authorization

For good and valuable consideration, I _____, do hereby designate, authorize, and convey to Dr. Adam S. Nally, D.O. to the full extent permissible under law and under any applicable insurance policy and/or employee health care benefit plan:

- a) the right and ability to act on my behalf in connection with any claim, right or chose in action that I may have under such insurance policy and/or any employee Health care benefit plan; and
- b) The right and ability to act on my behalf to pursue such claim, right or chose in action in connection with said insurance policy and/or employee health care benefit plan (including but not limited to, the right to act in my behalf in respect to an employee health care benefit plan governed by the provisions of the Employee Retirement Income Security Act of 1974 as provided in 29 CFR §2560.503-1(b)(4)) with respect to any medical or other health care expense incurred as a result of the service I received from the above-named doctor and, to the extent permissible under law, to claim on my behalf, such medical or other health care service benefits, insurance or health care benefit plan reimbursement and any other applicable remedy.

I acknowledge full responsibility for all charges incurred, regardless of possible insurance coverage. I hereby authorize the office of Adam S. Nally, D.O. to obtain, on my behalf, any insurance information covered by “The Privacy Act” from my insurance company(s) files. I further agree to pay all collection costs, attorney fees, late fees, and any other costs that may be incurred to enforce collections of any amounts outstanding. A late fee of \$10 per statement cycle for accounts over 30 days will be applied. Collections fees are 50% of balance and all balances over 120 days past due will be submitted to collection agency TSI. I authorize payment of medical benefits to the provider for services of these insurance companies listed on Insurance Information form.

Signature: _____ Date: ____/____/____