The Women's Wellness Center of South Florida, LLC
Tara A. Solomon, M.D.
5901 Colonial Drive
Suite 303
Margate, FL 33063
Phone: 954-984-8892
Fax: 954-984-8810

I, ______________________ HAVE READ THE NOTICE OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT PROVIDED TO ME BY DR. TARA SOLOMON. I UNDERSTAND THAT IF I FEEL THAT MY PRIVACY RIGHTS HAVE BEEN VIOLATED, I MAY FILE A COMPLAINT WITH DR. TARA SOLOMON OR WITH THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

ALL OF MY QUESTIONS HAVE BEEN ANSWERED.

______________________________ ______________________

PATIENT **DATE**

AUTHORIZATION & RELEASE

I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me during the period of such care to third party payors and/or other health practitioners.
I authorize and request my insurance company to pay directly to the doctor or doctor's group insurance benefits otherwise payable to me.
I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf.

Signature of Patient______________________________ Dated__________
(Guardian's signature for patients under the age of 18)

If I do not pay the entire new balance within 25 days of the monthly billing date, a late charge of 1.5% on the balance then unpaid and owed may be assessed each month. I realize that failure to keep this account current may result in you being unable to provide additional services except for emergencies or where there is prepayment for additional services. In the case of default on payment of this account, I aggress to pay collection costs and reasonable attorney fees incurred in attempting to collect on the amount of any future outstanding account balances.