



NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

- I have reviewed a copy of Dr. Sayed's Notice of Privacy Practices.
(If you would like a printed copy, please notify the receptionist)

ASSIGNMENT OF INSURANCE BENEFITS AND STATEMENT OF INSURANCE

- I hereby assign and authorize payment to be made directly to Tim Sayed MD, P.C. of the covered insurance benefits including major medical benefits, otherwise payable to me. I also authorize the release of medical information as may be required to process the claims for payment of the medical services rendered and it is expressly understood that the right of such information to be privileged is hereby waived.

Name: _____

Patient Signature: _____

Relationship to Patient (If Patient is a minor or under guardianship): _____