

**DERMATOLOGY AND LASER CENTER
OF FORT WORTH
WILLIAM F. COTHERN, D.O., P.A.**

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

It is customary to pay for service when rendered unless other arrangements have been made in advance. I agree to pay all co-pay and required fees at time of service. I understand that after the office is notified of payment by insurance, I will be responsible for any remaining balance. I also understand that there will be a charge of \$35.00 for all visits not cancelled 24 hours prior to my appointment. There will also be a charge of \$15.00 on any returned checks.

Signature _____ Date _____

I authorize the release of any medical information to process this claim. I hereby authorize Dr. William Cothorn, D.O. to apply for benefits on my behalf for covered services rendered by him or by his order. I request payment from my insurance company be made directly to William Cothorn, D.O. (or to the party who accepts assignment). I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or my insurance company in writing at any time.

Signature _____ Date _____

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas State Board of Medical Examiners, including physician assistants and acupuncturists, may be reported for investigation at the following address:

Texas State Board of Medical Examiners
Attn: Investigations
P.O. Box 149134
Austin, TX 78714-9134

Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353

AVISO SOBRE QUEJAS

Se pueden presentar quejas acerca de medicos, asi tambien como de otras personas autorizadas y registradas por la Junta de Examinadores Medicos del Estado de Texas (Texas State Board of Medical Examiners), incluyendo a ayudantes medicos y acupunturistas, para su investigacion, escribe al siguiente direccion arriba.

Se puede obtener ayuda para presentar una queja llamando al siguiente numero telefonico:
1-800-201-9593