



**GI ASSOCIATES  
OF TALLAHASSEE**

2457 Care Drive, Suite D-100 ■ Tallahassee, FL 32308 ■ Phone (850) 841-1166 ■ Fax (850) 942-5466

**WE MUST HAVE COPIES OF YOUR INSURANCE CARDS.  
MANY INSURANCE COMPANIES REQUEST A COPY OF THE I.D. CARD BEFORE THEY  
WILL PAY A CLAIM.**

**PLEASE BE PATIENT IF WE ASK TO SEE YOUR CARD FREQUENTLY.  
WE CANNOT HELP YOU GET YOUR MEDICAL BILLS PAID UNTIL WE SATISFY THE  
INSURANCE COMPANIES.**

If you have a third insurance provider, please give a copy of the insurance card to the receptionist.

**ASSIGNMENT OF INSURANCE BENEFITS:**

I hereby authorize insurance benefits to be paid directly to ***GI Associates of Tallahassee.***  
I understand I am responsible for any amounts not covered by my policies and not paid by my  
insurance company.

Past due accounts are subject to late fees and/or collection proceedings. All costs incurred  
including, but not limited to, collection agency fees, attorney fees, court fees, and other  
administrative fees shall be your responsibility in addition to the balance due to this office.

**RELEASE OF INFORMATION:**

I authorize ***GI Associates of Tallahassee*** to release any information requested by my  
insurance company to insure prompt, accurate payment of my claims.

I certify the information furnished here is correct to the best of my knowledge.

Date \_\_\_\_\_

Patient's Signature \_\_\_\_\_

Signature of Insured \_\_\_\_\_