

Desert Mountain Wellness Center

Dr. Jan C. Jay

11110 San Rafael Ave. NE

Albuquerque, NM 87122

(505) 323-8100

**HEALTH INSURANCE INFORMATION/RELEASE
SELF PAY FINANCIAL RESPONSIBILITY**

PATIENT'S NAME: _____

INSURED: _____ SS#: _____ - _____ - _____

NAME OF INSURANCE: _____ PHONE #: _____

POLICY #: _____ GROUP#: _____

EFFECTIVE DATE: _____ EXP. DATE: _____

I AUTHORIZE DR. JAN C. JAY, DOM TO RELEASE ANY AND ALL MEDICAL RECORDS TO MY INSURANCE COMPANY. THIS AUTHORITY TO RELEASE INCLUDES BUT IS NOT LIMITED TO: DIAGNOSIS/PROGNOSIS, DIAGNOSTIC TESTS, HOSPITAL REPORTS AND TEST RESULTS, X-RAYS, ETC. AS NEEDED BY AUTHORIZED AGENTS OF THE INSURANCE COMPANY.

I UNDERSTAND THAT I AM RESPONSIBLE FOR FULL PAYMENT FOR SERVICES RENDERED BY DESERT MOUNTAIN WELLNESS & JAN C. JAY, DOM IN THE EVENT THAT MY INSURANCE DOES NOT COVER SAID SERVICES.

RELEASOR SIGNATURE

DATE

RELEASOR NAME (PRINT)

WITNESS SIGNATURE

DATE

WITNESS NAME (PRINT)