

Horizon Cardiology

265 Ackerman Avenue
Ridgewood, NJ 07450
(551) 246-3008

Authorization for Release of Information

I authorize Horizon Cardiology to release all medical information (including, but not limited to, information on psychiatric conditions, sickle cell anemia, alcohol and drug abuse, and HIV or communicable diseases) requested by my health insurance carrier, Medicare or any other third-party payers.

I authorize Horizon Cardiology to release all medical information to my referring physician and my primary (family) physician.

I authorize Horizon Cardiology to contact my insurance company or health plan administrator and obtain all pertinent financial information concerning coverage and payments under my policy.

I direct the insurance company or health plan administrator to release such information to Horizon Cardiology.

I hereby authorize payment of my medical and surgical insurance benefits to Horizon Cardiology.

I agree that these provisions will remain in effect until I provide written revocation to Horizon Cardiology.

Print Name: _____

Signature of Patient/Legal Guardian: _____

Date: _____