DOUGLAS K. SCHREIBER M.D.

11750 FM 1960 W
Houston, TX 77065
TEL: 281-970-8880
FAX: 281-970-8882

545-B S. Mason Rd.
Katy, TX 77450
TEL: 281-599-8967
FAX: 281-599-9478

Assignment of Benefits / Release of Information / Secondary Insurance Verification

Patient _____ Date of Birth _____

Assignment of Benefits:

I authorize payment of medical benefits to Dr. Douglas Schreiber for services rendered.

_____ _____
Patient / Parent / Responsible Party Date

Release of Claim Information:

I hereby authorize the release of any information necessary to process insurance claims for services received from Dr. Schreiber.

_____ _____
Patient / Parent / Responsible Party Date

Secondary Insurance Verification:

I hereby verify that _____(patient name) does / does not (circle one) have any other insurance coverage at this time.

_____ _____
Patient / Parent / Responsible Party Date