

I request that payment of authorized benefits be made on my behalf to M D Aesthetics and Dermatology LLC for any services furnished to me by Dr. Gabriel . Martinez!Diaz" employees and associates. I assign my right to receive these payments to M D Aesthetics and Dermatology LLC.

I authorize M D Aesthetics and Dermatology LLC to file an appeal on my behalf for any denial of payment and/or adverse benefit determination related to services and care provided. If my insurance carrier and its agents \$ill not direct payment to M D Aesthetics and Dermatology" LLC I agree to for\$ard to M D Aesthetics and Dermatology" LLC all health insurance payments" \$hich I receive for the services rendered by Dr. Gabriel . Martinez!Diaz" employees and associates.

I authorize M D Aesthetics and Dermatology" LLC or any holder of medical information about me to release to the insurance carrier and its agents any information needed to determine these benefits or the benefits payable for related services. I ac%no\$ledge that this authorization \$ill be valid for all subsequent visits unless cancelled in \$riting by me or an authorized agent.

I designate M D Aesthetics and Dermatology" LLC as an authorized representative to act on my behalf in regard to claims submitted to any employee health plan or other source of &hird!" arty Coverage for (ervices rendered by M D Aesthetics and Dermatology" LLC. &his designation includes" but is not limited to" initial determinations" requests for documents" requests for additional information and appeals. I further authorize M D Aesthetics and Dermatology" LLC to e)ecute any documents necessary to process claims for reimbursement of charges for (ervices received by ' atient.

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C, . -ID+. &IAL I. -, *MA&l, . +ffective date -ebruary 2st" 3425

I have received" understand and consent to this practice's . otice of ' rivacy ' ractices as \$ritten.
&he . otice of ' rivacy ' ractices provides detailed information about ho\$ the practice may use
and disclose my confidential information.

I understand that this practice reserves the right to change the terms of its . otice of ' rivacy
' ractices. If changes to the policy do occur" this practice \$ill provide me a revised . otice of
' rivacy ' ractices upon my request.

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-+D+*AL LAS A. D *+G1LA&l, .

8ith this consent" MD Aesthetics and Dermatology" LLC or our agents may call my home" cell or
other alternative location" may reach you via email" or te)t message" and leave a message on
voicemail or in person" including but not limited to" appointment reminders" billing items and
any calls pertaining to my care.