

Health and Mind, LLC/
Tasneem Khan MD
1555 Post Rd E suite 201A
Westport, CT 06880

FINANCIAL RESPONSIBILITY FORM

Health and Mind, LLC requires this form to be signed by our patients. We appreciate your cooperation.

1. FINANCIAL RESPONSIBILITY: We are pleased to assist you with your insurance and will be billing your insurance if you are part of insurance panels we participate in. I understand that I am personally responsible for any medical fees I will incur in treatment with **Dr. Tasneem Khan/ Health and Mind, LLC**. I also understand that I will be responsible for any charges incurred by not providing the most current, correct insurance to **Dr. Tasneem Khan/ Health and Mind, LLC**.

Initials: _____

2. AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize **Dr. Tasneem Khan/ Health and Mind, LLC** to release information acquired in the course of my examination or treatment, to my insurance company, or other physicians required to participate in my care.

Initials: _____

3. AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment for medical services provided directly to **Dr. Tasneem Khan/ Health and Mind, LLC**.

Initials: _____

Patient's Name: _____

DOB: _____

Patient's signature: _____

Date: _____