

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

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## **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: \_\_\_\_\_