

Shahla Heshmati, M.D. Inc.

Pediatric & Adolescent Medicine
15785 Laguna Canyon Rd, Suite 250
Irvine, CA 92618-3179
Office: 949-726-1100
Fax: 949-726-0774



Providing personal care to your children

AUTHORIZATION FOR BILLING & PAYMENT

1. I hereby authorize direct payment of surgical and/or medical benefits to Shahla Heshmati, M.D. Inc. for services rendered by her, in person, or under her supervision. I understand that I am financially responsible for any charges not covered by my insurance.
2. I hereby authorize Shahla Heshmati, M.D. Inc. to release all information that may be necessary for either medical care, or in processing applications for financial benefits.
3. I am aware that upon using my health plan benefits for any services rendered by any out-of-network provider, I will be going out of network and exercising my "OPTOUT BENEFITS" choice.
4. I understand there will be a \$25 charge if I do not cancel an appointment more than 24 hours in advance.

PATIENT (*please print*) _____

PARENT/GUARDIAN (*please print*) _____

SIGNATURE _____

DATE _____