



**Northern Nephrology**  
52 Tom Miller Road  
Plattsburgh, NY 12901

**UNIFORM ASSIGNMENT AND RELEASE OF INFORMATION STATEMENTS**

**Authorization for release of information by NORTHERN NEPHROLOGY.**

I hereby authorize and direct the above named physician, having treated me, to release to governmental agencies, insurance carriers, or others who are financially liable for my medical care, all information needed to substantiate payment for such medical care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient or authorized representatives

**Northern Nephrology**  
52 Tom Miller Road  
Plattsburgh, NY 12901

**Assignment to Northern Nephrology.**

I hereby assign, transfer, and set over to the above named physician sufficient monies and/or benefits to which I may be entitled from government agencies, insurance carriers, or others who are financially liable for my medical care to cover the costs of the care and treatment rendered to myself or my dependent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient or authorized representatives