

UROCENTER

AUTHORIZATION TO DISCUSS FINANCIAL ACCOUNT INFORMATION

I, _____, here by give my permission for the UroCenter to discuss the details of my financial account with the following person(s):

I further give the UroCenter complete authorization to discuss my financial account with the above-mentioned persons as long as they are able to provide my correct account number. I understand that if this requirement is not met, UroCenter will not discuss my account.

Patient's Signature

Date

Witness

Date

[PATIENT LABEL]