Charles A. Evans M.D., PhD, PA

203 Christie St.
Lufkin, Texas 75904
936-699-5433
FAX: 936-699-5465

I authorize Dr. Charles Evans, MD to furnish any information to my insurance company in corder to process my claim. I grant permission to release medical records as necessary.

I understand that I am responsible for my expenses unless assignment is accepted and that my insurance coverage is a contract between myself and the insurance company. I understand that payment is expected at the time of service unless prior arrangements have been made.

I understand and agree that insurance payment paid on behalf of services rendered to me will go directly to Dr. Charles A. Evans, MD, PhD unless I have paid my balance in full at the time of service.

All returned checks incur at $27 fee per check. A $100 billing fee will be charged for statements with a pending balance due over 60 days.

Signature _____ Date _____

Printed Name _____Date of Birth _____