

**J. MICHAEL PUTMAN, M.D. & ASSOCIATES**  
REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY  
ADVANCED GYNECOLOGIC ENDOSCOPY

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(214) 823-2692  
(214) 887-8244 FAX

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**INSURANCE INFORMATION**

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Primary Insurance Co.

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Primary Insurance Address:

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Member Services/Customer Service Phone Number:

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Group #:

Certificate or ID #:

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Insured's Name:

Insured's Date of Birth:

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Insured's Employer:

Phone #:

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Patient's Name:

Relationship to Insured:

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Patient's Social Security #:

Patient's Date of Birth:

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I hereby assign, transfer, and set over to J. Michael Putman, M.D., P.A. all of my rights, title, and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all charges whether or not they are covered by insurance.

Patient's Signature:

Date:

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