

ASSIGNMENT OF BENEFITS/RIGHTS FOR DIRECT PAYMENT TO PHYSICIAN

PRIVATE, GROUP, ACCIDENT, AND HEALTH INSURANCE

I hereby instruct and direct the _____ Insurance company to pay my benefit directly to **SOPHIA A. ARGEROPOULOS, D.C., P.C.** For professional or medical expense benefits allowable, and otherwise payable to me under my current Insurance policy as payment toward the total charges for professional services rendered.

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THE POLICY.

This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above the insurance payment, except in instances where No Fault or Workers Compensation insurance fee schedule apply.

I also understand and agree that I am ultimately responsible for all fees including reasonable collections costs. This assignment of benefits does not release me from obligation to pay professional fees.

A PHOTOCOPY OF THIS ASSIGNMENT SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

I authorize the release of any information pertinent to my case to any insurance company, adjuster or attorney involved in this case.

Print name of patient: _____ **Date:** _____

Signature of Patient or Legal Representative: _____ **Date:** _____

MEDICARE ASSIGNMENT OF BENEFITS/RIGHTS FOR DIRECT PAYMENT TO PHYSICIAN

I request that payment of authorized Medicare benefits be made on my behalf to **SOPHIA A. ARGEROPOULOS, D.C., P.C.** for services furnished to me by this provider. I authorize release of medical information about me to the **HEALTH CARE FINANCING ADMINISTRATION** and its agents needed to determine these benefits payable for related services.

Signature of Patient or Legal Representative: _____ **Date:** _____
(Revised 09/2017-8)