

**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 **JACK P. ZANGARA, D.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 **JACK P. ZANGARA, D.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 08/2023)**