

ASSIGNMENT OF INSURANCE BENEFITS

Patient with insurances please and sign below.

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, private insurance, and any other health plans to Advanced Internal Medicine.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original.

I understand I am financially responsible for all changes whether or not paid by said insurance. I hereby authorize and assignee to release all information necessary to secure payment.

Patient Signature: _____ Date _____
Patient Name: _____

MEDICARE PATIENTS

I have read, understood, and agreed to the above financial policy for payment of professional fees. The patient is ultimately responsible for all professional fees.

Patient Signature: _____ Date _____
Patient Name: _____

I understand my signature requests that payments be made and authorizes release of medical information necessary to pay the claim. If "other health insurance" is indicated in Item 9 of the CMS-1500 form or elsewhere on other approved claim forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare assigned cases, the provider or supplier agrees to accept the charges determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.

Patient's Name (Please Print): _____	Provider: Pauline Miller, MD
Patient Signature: _____	Internal Medicine
Patient's Medicare No: _____	Date: _____

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