

ASSIGNMENT OF INSURANCE BENEFITS

I assign the physician benefits payable to me to Neil Chesen, M.D., P.C. I authorize and request that payment be made directly to Neil Chesen, M.D., P.C. I understand that I am financially responsible to the physician for charges not covered by this authorization. This assignment, or a photocopy hereof, is acceptable.

This authorization, or photocopy hereof, will authorize Neil Chesen, M.D., P.C. to furnish all information they may have regarding my condition to any party who may be responsible for payment to physician, including the history obtained, and physician findings, diagnosis and prognosis.

WITNESS

SIGNATURE

Date

Date

MEDICARE BILLING PATIENT SERVICES BY PHYSICIAN

I certify that the information given by me in applying for payment under the TITLE XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to me.

WITNESS

SIGNATURE

Date

Date

MEDICAL ASSISTANCE

“My signature certifies that I received services on the dates listed in the medical records. I understand that payment for these services will be from the Federal and State funds, and that any false claims, statements, or documents, or concealment of material may be prosecuted under applicable Federal and State Laws.”

This authorization, or photocopy hereof, will authorize Neil Chesen, M.D., P.C. to furnish all information he has regarding my condition to any party who may be responsible for payment to the physician, including the history obtained and physical findings, diagnosis and prognosis. I have read and agree with the above statement.

WITNESS

SIGNATURE

Date

Date