



NEUROLOGY AND SPINE CENTER

Assignment of Benefits Authorization to Release Information/Financial Responsibility

I hereby assign transfer and convey all medical/surgical benefits, including but not limited to Major Medical, Medicare, Private Insurance, PIP, Workers Compensation and other health plan benefits to which I am entitled, as well as any cause of action arising from the nonpayment of such benefits to Neurology and Spine Center, L.L.C.

This order will remain in effect until revoked by both parties in writing. A photocopy of this assignment is to be considered as valid as the original. In exchange for this assignment of benefits, Neurology and Spine Center, L.L.C. or its designee will bill my insurance carrier directly. I understand that I am financially responsible for all charges, whether or not paid by said insurance company or carrier. I am aware that finance charges of 1.5% will begin accruing monthly when my bill is 30 days days past due. I hereby authorize Neurology and Spine Center, L.L.C. to release all information necessary to secure payment, including HIV information, to other lawyers, doctors and/or healthcare providers involved in my care.

I give permission to Neurology and Spine Center, L.L.C. to take my picture for the sole purpose of identification by the Doctor and his staff.

Patient / Responsible Party

Date

Patient's Name (Printed)

Medical Record Number