Assignment of Benefits Form

Practice Name Town Family Doctor_____
Address 9501 Norton Commons Blvd_____
City, State, Zip Prospect, KY 40059_____
Phone 502-618-2472_____

Date_____

Patient: _____
SS# / ID#: _____

I hereby instruct and direct _____Insurance Company to pay by check made out and mailed to:

Town Family Doctor
9501 Norton commons Blvd
Prospect, KY – 40059

Or

If my current policy prohibits direct payments to Doctor, I hereby also instruct and direct you to make out the check to me and mail it to the temporary address as follows:

Patients Name:_____
C/o Town Family Doctor
9501 Norton Commons Blvd
Prospect, KY – 40059

for the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional service rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS 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 insurance payment.

A photocopy of this Assignment shall be considered as effective as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in case.
I authorize Doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.
I also authorize the Doctor to deposit checks received on my account when made out to me.

Dated at_____this_____day of_____, 20_____
(Time) (Month) (Day) (Year)

_____ _____
Signature of Policyholder Witness