

# Assignment of Benefits Form/Formular za Prenos Benefita

Practice Name/*Ime Ordinacije* Town Family Doctor \_\_\_\_\_  
Address/*Adresa* 9501 Norton Commons Blvd \_\_\_\_\_  
City, State, Zip/*Grad, Republika, Postanski broj* Prospect, KY 40059 \_\_\_\_\_  
Phone/*Telefon* 502-618-2472 \_\_\_\_\_  
Date/*Datum* \_\_\_\_\_  
Patient/*Pacijent* \_\_\_\_\_  
SS# / ID#: \_\_\_\_\_

I hereby instruct and direct/*Ovim dokumentom ja ovlašćujem i direktiram* \_\_\_\_\_ (*Ime osiguravajuće kompanije*) Insurance Company to pay my claims by check made out and mailed to/  
*Osiguravajuću Kompaniju da plati moje klejmove cekom i da ih adresira i pošalje na:*

Town Family Doctor, 9501 Norton commons Blvd, Prospect, KY 40059, or/ili  
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/*Ukoliko moje sadašnje osiguranje nedozvoljava plaćanje doktora direktno ja ih direktiram da pošalju cek meni na ovu privremenu adresu:*

*Patients Name/Ime pacijenta* \_\_\_\_\_ 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. /za troškove profesionalnih i medicinskih benefita, koje su meni plaćene pod ugovorom sa mojom osiguravajućom kompanijom. OVO JE DIREKNA UPUTA ZA IZVRŠENJE MOJIH PRAVA I BENEFITA POD OVIM OSIGURANJEM, Plaćena suma da ne predje sta je kontraktom dogovoreno i ja pristajem da platim pod sadašnjim kontraktom sav dug preko onoga sto je plaćen od strane Osiguravajuće kompanije,

A photocopy of this Assignment shall be considered as effective as the original/*Fotokopija ovog Dogovora ce biti vazeca kao i original.*

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in case/Ja ovlašćujem pristup svih informacijama u vezi sa mojim Klejmom svim mojim Osiguravajućim Kompanijama, Kontrolorima, ili advokatima asociranim sa klejmom.

I authorize Doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf/Ja ovlašćujem Doktora da pokrene žalbu sa komisijom za kontrolu osiguravajućih kompanija iz bilo kojeg razloga, u moje ime.

I also authorize the Doctor to deposit checks received on my account when made out to me/Ja takodje ovlašćujem doktora da deponuje cek poslan pod mojim pripadnim brojem I pod mojim imenom.

Time/Vrijeme \_\_\_\_\_ Month/Mjesec \_\_\_\_\_ -----Day/Dan \_\_\_\_\_ Year/Godina \_\_\_\_\_

\_\_\_\_\_  
Signature of Policyholder/Potpis pacijenta

\_\_\_\_\_  
Witness/Svjedok