

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