

ADVANCED PEDIATRICS

3712 Winter Garden Vineland Rd.
Winter Garden, FL 34787
Tel.: (407) 656-2229
Fax: (407) 656-0998

ASSIGNMENT OF BENEFITS FORM

Date: _____

Patient: _____ Parent/Guardian: _____

Claim Group: _____

SS #/ID #: _____

I hereby instruct and direct _____ Insurance Company to pay by check
made out and mailed to: Advanced Pediatrics
 3712 Winter Garden Vineland Rd.
 Winter Garden, FL 34787

Or

If my current policy prohibits direct payment to a doctor, I hereby also instruct and direct you to make out the check to me and mail it as follows:

3712 Winter Garden Vineland Rd.
Winter Garden, FL 34787

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 services 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 this insurance payment.

A photocopy of this assignment shall be considered as effective and valid as the original. I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Signed: _____ Relationship to Patient: _____

Date: _____ Witness: _____