

NEUROLOGY OFFICE
JOSEPH KANDEL, M.D.
& ASSOCIATES

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 and any 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 Office, Joseph Kandel MD & Associates.

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 Office, Joseph Kandel MD & Associates will bill my insurance carrier directly. I understand that I am financially responsible for all charges, whether or not paid by said insurance company carrier. I am aware that finance charges of 1.5% will begin accruing monthly when my bill is 30 days past due. I hereby authorize Neurology Office, Joseph Kandel MD & Associates 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 Office, Joseph Kandel MD & Associates to take my picture for the sole purposes of identification by the Doctor and his staff.

Signature_____ Date_____

Name(Printed)_____ DOB_____