

WASHINGTON HEIGHTS UROLOGY, PC
286 Ft Washington Avenue
New York, NY 10032
212-781-9696

ASSIGNMENT OF BENEFITS

In consideration of services rendered, I hereby assign to the provider and/or his assignee benefits to be paid on my behalf to the provider. I understand that I am financially responsible for any Balance not covered by my insurance carrier; for any charges not paid by my insurance company due to incorrect information provided by me. I will also be responsible for charges not paid by insurance for missing Referral. I also understand that I will be held financially responsible and agree to pay attorneys and processing fees that might be incurred to collect payment in full. I authorize release of medical information to my insurance when needed to determine benefits payable.

Patient's signature

Date

Print Name