

Assignment of Insurance Benefits

The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and/ or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my physician to submit claims for benefits, for services rendered or for services to be rendered without obtaining my signature on each and every claim to be submitted for myself and/or dependents and that I will be bound by this signature as though the undersigned has personally signed the particular claim.

I hereby authorize my insurance company to pay and hereby assign directly to Dr. Naureen Mohamed all benefits, if any, otherwise payable to me for her services. I understand I am financially responsible for charges incurred. I further acknowledge that any insurance benefits, when received by and paid to Dr. Naureen Mohamed will be credited to my account, in accordance with the above said assignment.

Privacy policy

I have reviewed the notice of privacy practices. (located in blue binder in doctor's waiting room)

Name of patient(s) _____

Signature of patient _____

Name of parent/guardian _____

Signature of parent/guardian _____

Date _____