

ASSIGNMENT OF BENEFITS

The undersigned patient assigns the benefits of insurance and any overdue interest payments under the no-fault policy of automobile insurance, also known as personal injury protection (P.I.P.), or medical payment policy of insurance with my insurance carrier of the responsible insurer to FLORIDA NERVE MEDICINE, LLC, for services rendered. The medical provider agrees to accept the irrevocable assignment of benefits for services rendered to the patient. This assignment applies to both past and future medical expenses. A photocopy of this assignment is to be considered as valid as an original. The undersigned patient agrees to pay applicable deductibles, copayments, or for any, and all other services not covered by the insurance policy.

DIRECTIONS TO PAY: The undersigned patient further directs the insurer to pay FLORIDA NERVE MEDICINE, LLC, directly for all services rendered.

RELEASE OF INFORMATION: I hereby authorize Florida Nerve Medicine, LLC to furnish my insurance company or companies, or their representatives with any, and all information that may be contained in their medical record(s).

X

Patient's Signature
Print Name next to signature

Date

If patient is under 18:

I hereby give permission for _____ to be treated by Hildegard Geisse MD (Florida Nerve Medicine, LLC).

X

Guardian Signature

Date