



## DIGESTIVE DISEASE CENTER & ENDOSCOPY CENTER

University Physicians of Brooklyn  
760 Parkside Avenue, Brooklyn, N.Y. 11226

### MEDICARE ASSIGNMENT

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Health Insurance Claim #

I request that payment of authorized Medicare Benefits be made either to me or on my behalf to Dr. \_\_\_\_\_ for any services rendered to me by the physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

### ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize payment to Downstate Medical Billing Services of the medical benefits otherwise payable to me. I understand that I am financially responsible for all charges not covered by the assignment.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

### PPO and MANAGED CARE SUBSCRIBERS

\*\*\*I understand that I must notify the physician's office if I decide to join or change my managed care plan. The proper referral with co-pay (if required) must be provided on the day medical services are rendered. Referrals are not retroactive. I understand that if I fail to notify the physician's office of my disenrollment or changes in the status of any eligibility within the plan, then I will be responsible for any outstanding balance on my account due to that change. I have read and understand the above text.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any physician or other person who has attended or examined me or my family members to furnish the (insurance carrier name) \_\_\_\_\_ information with respect to any illness or injury, medical history or consultation, prescription or treatments and copies of all medical records. A photocopy of this authorization shall be considered as valid as the original.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date