

PHOENIX HEART PLLC

5859 W. Talavi Blvd. SUITE 100

GLENDALE, AZ 85306

602-298-7777

Fax: 623-930-6060

Patient Information

For:,,

Assignment of Benefits Form

PHOENIX HEART PLLC

5859 W. Talavi Blvd. SUITE 100

GLENDALE, ARIZONA 85306

602-298-7777

FAX 623-930-6060

13677 W. McDOWELL RD

Suite 201

Goodyear, Arizona 85338

ASSIGNMENT OF BENEFITS FORM

Financial Responsibility

All professional services rendered are charged to the patient and are due at the time of service, unless other arrangements have been made in advance with our business office. Necessary forms will be completed to file for insurance carrier payments.

Assignment of Benefits

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan, to issue payment check(s) directly to Phoenix Heart PLLC for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

Authorization to Release Information

I hereby authorize Phoenix Heart PLLC to: (1) release any information necessary to insurance carriers regarding my illness and treatments;)2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

I have requested medical service from Phoenix Heart PLLC on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

Patient/Responsible Party Signature

Date

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Witness

Date