

Spine & Orthopedic Center of N.J., LLC.

90 Sparta Avenue, Sparta, New Jersey 07871
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David B. Basch, M.D., FAAOS
Fellow American Academy of Orthopedic Surgeons
Diplomat American Board of Orthopedic Surgery

**NOTICE OF COMMENCEMENT OF MEDICAL TREATMENT
("21 DAY NOTICE LETTER")
ASSIGNMENT CONSENT REQUEST**

Name and Address of treating Health Care Provider:

David B. Basch M.D., FAAOS
Spine & Orthopedic Center of NJ, LLC.
90 Sparta Avenue
Sparta, New Jersey 07871

Name of Adjuster (if known): _____

Phone of Adjuster: _____ Fax # of Adjuster: _____

Name and address of patient:

**Name and address of insured
(if different):**

Insurance Company's Name: _____

Insurance Company's Address: _____

Policy Number: _____

Claim Number: _____

Date of Accident: _____

First Date of Treatment: _____

Please also accept this document as our formal request for your consent to our attached assignment of benefits/rights executed by our patient in this matter. If we do not hear from you to the contrary within 3 business days, we will assume that we have your consent. We agree to comply with your insurance policy terms, including the requirements of your pre-certification plan, and we will not balance bill the patient where coverage is appropriately denied or charges appropriately reduced in accordance with NJ law and any valid provision of your pre-certification plan.