

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

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DAVID B. BASCH, MD, FAAOS

Fellow- American Academy of Orthopedic Surgeons
Diplomat American Board of Orthopedic Surgery

ASSIGNMENT OF BENEFITS FORM

Patient Name: _____

I irrevocably assign to the Spine and Orthopedic Center of New Jersey, LLC all my rights and benefits under any insurance contracts for payment for services rendered to me by the Spine and Orthopedic Center of New Jersey, LLC. I irrevocably authorize all information regarding my benefits under any insurance policy relating to any claims by the Spine and Orthopedic Center of New Jersey, LLC to be released to the Spine and Orthopedic Center of New Jersey, LLC. I irrevocably authorize the Spine and Orthopedic Center of New Jersey, LLC to file claims on my behalf for services rendered to me. I irrevocably direct that all such payments go directly to the Spine and Orthopedic Center of New Jersey, LLC. I irrevocably authorize the Spine and Orthopedic Center of New Jersey, LLC to act in my behalf and report any suspected violations of proper claims practices to the proper regulatory authorities.

This assignment of benefits has been explained to my full satisfaction, and I understand its nature and effect.

Patient
Signature _____ Date _____