Bullis Orthopedics And Sports Medicine

235 HANOVER STREET
FALL RIVER, MA 02720

TEL. 508-646-9525
FAX 508-679-7177

David W. Bullis, M.D.

Brad E. Green, D.O.

Alan R. Zephrani, M.S., P.A.-C.

ASSIGNMENT OF BENEFITS

PATIENT'S NAME: ______________________________

ADDRESS: ______________________________

INSURANCE: ______________________________

DATE OF ACCIDENT: ____________________ TYPE: ____________

CLAIM/FILE NUMBER: ______________________________

ACCOUNT #: ______________________________

I hereby authorize my rendering physician to release information, including physician's records or any records concerning my medical condition to said insurance company as required before benefits are paid under the above numbered policy.

I hereby irrevocably transfer and set over unto said doctor all insurance benefits in consideration of the doctor's care and services furnished and to be furnished by said doctor. Said insurance company is authorized to deduct such payments from its obligations to me for physician's benefits under the above numbered policy.

I understand that I remain financially responsible to the doctor for charges not met by the proceeds of the assignment.

______________________________ ____________

Signature of Patient / Parent Date