

Patient's Name: _____
(Please Print)

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 William H. Bordelon, MD, P.A. 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.

Signature

Date

ACKNOWLEDGMENT OF PRIVACY NOTICE

By my signature, I acknowledge I have been given the opportunity to read the Privacy Notice of William H. Bordelon, MD, and that I may receive a copy of this notice should I desire one.

Patient or Personal Representative
Signature

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:

Witness

Date