

Advanced Surgical Associates, L.L.C.

Assignment and Release

Advanced Surgical Associates L.L.C.
155 Morris Avenue, 2nd Floor
Springfield, NJ 07081

Date: _____

Patient Name: _____

Employer: _____

Claim Group: _____

SS#/ID#: _____

I hereby instruct and direct _____ to pay by check made out and mailed to
Name of Insurance Company(ies)

Advanced Surgical Associates, L.L.C.
155 Morris Avenue, 2nd Floor
Springfield, NJ 07081

Or, if my current policy prohibits direct payment to a doctor, I hereby also instruct and direct you to make out the check to me and mail it as follows:

Advanced Surgical Associates, L.L.C.
155 Morris Avenue, 2nd Floor
Springfield, NJ 07081

For the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

- A photocopy of this Assignment shall be considered as effective and valid as the original.
- I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.
- I authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Policy Holder Signature Date

Claimant Signature, if other than Policy Holder Witness

Out of Network Agreement (If applicable)

As discussed, your doctor is an out of network provider. A claim will be filed on your behalf by this office to your insurance company. Payment will be sent directly to you by the insurance company with an Explanation of Benefits (EOB). You agree to endorse the payment to us and supply us with a copy of the EOB. You may receive a bill for any co-payment and deductible imposed by your insurance company.

Policy Holder Signature Date