

Premier Medical Group
325 Merrick Ave.
East Meadow, NY 11554
T: 516.357.9113 F: 516.357.9186

Assignment of Benefits

Patient Name: _____

Address: _____

Date of Birth: _____ Contact Number: _____

E-Mail: _____

Insurance Name: _____ ID Number: _____

Date of Service: _____ Referring Physician: _____

We request that initial payment of third-party insurance benefits be made on behalf of our authorized patients to PMG Medical Group for any equipment or services furnished to the patient by us. PMG Medical Group is an OON provider. Patient may have an out of pocket responsibility after insurance payment.

We authorize any holder of medical information about our authorized patients to release to the Health Care Financing Administration and its agent, or to any respective third-party insurance carrier, any information needed to determine these benefits payable for related services.

Patient Signature: _____ **Date:** _____