

Assignment of Benefits

Huntington Eye Medical Group
800 S. Fairmount Ave. Suite 219, Pasadena, CA 91105
(626) 844 - 7001

Patient:

Employer:

Claim Group:

SS# or ID#:

I hereby instruct and direct _____ to pay by check.

Made and mailed out to:

Huntington Eye Medical Group

Jeffrey C. Hong, MD

800 S. Fairmount Ave. Suite 219, Pasadena, CA 91105

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

_____ (Patient Name)

C/O----Huntington Eye Medical Group

800 S. Fairmount Ave. Suite 219, Pasadena, CA 91105

For the professional or medical expense benefits allowable and other 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 Jeffrey C. Hong, MD to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Date _____ am/pm _____ this _____ day of _____, 20

Signature _____

Date