

BEHAVIORAL MEDICINE ASSOCIATES LTD.

Fax: 847-383-6976/Tel: 847-383-6224

Assignment of Benefits - Irrevocable-

In consideration of Dr. Olga Green, undertaking to render care, I agree to the following:

Right to Receive payment

1. I, the undersigned, authorize and assign to Dr. Olga Green, the medical provider, the right to receive direct payment from any insurance company, including Medicare if I am a Medicare beneficiary, or my attorney, who may be obligated to pay me any sums for any services rendered or equipment provided to me. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance, my attorney, and any other health//medical plan or plans having medical coverage, to issue payment check(s) directly to Dr. Olga Green. I further authorize the endorsement of my name to any draft or check containing my name to which Dr. Olga Green is legally entitled.

Release of Information

2. Dr. Olga Green is authorized to release any information Dr. Olga Green deems appropriate concerning my physical condition to any insurance company, attorney, or adjusted in order to process any claim for reimbursement of charges incurred by me at Dr. Olga Green's facility. I understand, that my signature requests that payment be made and authorize release of medical and other information necessary to secure the payment of benefits. I hereby authorize Dr. Olga Green to: (1) release any information necessary to insurance carriers regarding my illness and/or condition and treatments; (2) process insurance claims generated in the course of examination and treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime.

Assignment of Right to Sue

3. In the event any insurance company or attorney, obligated by contractual agreement to issue payment to me for Dr. Olga Green's service charges, refuses to pay upon demand by you, I hereby assign and transfer to you the cause of action that exists in my favor against any such company or attorney and authorize you to prosecute said action either in my name, Dr. Olga Green's name, doctor/physician or other provider's name as Dr. Olga Green otherwise resolves said claim as Dr. Olga green sees fit. I understand that whatever amounts Dr. Olga Green does not collect from said insurance proceeds (whether it be all or part of what is due) shall be paid to me.
4. I also assign to Dr. Olga Green, the medical provider, and grant to right of lien against any and all claims against any third party whose negligence may have caused my injury, including their insurance, up to the amount of the bill for treatment.
5. I waive the Statue of Limitations regarding my doctor's rights to recover from me directly. I understand that I am financially responsible for any and all charges whether or not paid by insurance. If I am a Medicare beneficiary, I understand that I am responsible for some procedures that may not be covered by Medicare.
6. I hereby direct my attorney to cooperate, assist, and not interfere with Dr. Olga Green, the medical provider, in recovering and MedPay benefits that I may be entitled to.
7. A photocopy of assignment is to be considered as valid as the original.

I HEREBY AGREE THAT THIS ASSIGNMENT OF BENEFITS IS IRREVOCABLE.

Name of Persons Signing Below (print): _____

Relationship to Patient: _____

Signature of Patient/Responsible Party: _____

Date: _____

Form 1001 (6-1-2012)