

## ANESTHESIOLOGISTS' ASSIGNMENT OF BENEFITS

Anesthesiologists, like your surgeon and other physicians at this facility, are independent private practitioners who bill separately for professional services. They may not participate in the same insurance plans as the hospital or surgery center.

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### Assignment of Benefits/Authorization

I hereby assign to \_\_\_\_\_ my rights and interest in medical benefits payable to me for services rendered. **I acknowledge that I am responsible for paying the above-referenced physician's charges in full.**

I authorize the above-named physician to release to my insurance carrier and its agent any information needed to determine the benefits payable under my coverage. I further authorize my insurance company and its carriers to release any information necessary for payment of charges incurred. A copy of this authorization may be used in the place of the original.

\_\_\_\_\_  
PATIENT NAME (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
NAME OF INSURANCE CARRIER

\*\*\*\*You have a right to a copy of this form.

\*\*\*\*This document is not part of the permanent medical record\*\*\*\*