

Private — Group Accident — Health Insurance Authorization of Benefits

Patient: _____

Policyholder: _____

Employer: _____

Group #: _____

Social Security #: _____ - _____ - _____ Policy #: _____

I hereby authorize and instruct that _____

Insurance Company pay authorized insurance benefits, on my behalf, by check made out and mailed to:

**Advanced Orthopaedic Surgery Center
41278 Margarita Road Ste. 201
Temecula, CA 92591**

— or —

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

c/o Advanced Orthopaedic Surgery Center

for professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for 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 amount. A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Signed and dated at the above named practice this _____ day of _____, 20__.

Signature of Policyholder _____

Witness _____

Signature of Claimant, if other than Policyholder _____