

6144 Route 25A  
Building C, Suite 13  
Wading River, NY 11792  
Ph: 631-886-2844  
Fax: 631-886-2842



Island Rheumatology  
and Osteoporosis, PC

46 Little East Neck Road  
Suite 2  
Babylon, NY 11702  
Ph: 631-539-0588  
Islandrheumatology.com

#### **ASSIGNMENT OF BENEFITS**

I hereby authorize and request that payment of benefits by my primary insurance company, and my secondary insurance (if any), be made directly to Island Rheumatology and Osteoporosis, PC / Sanjay Godhwani, MD for services furnished to me or my dependent. I understand that my insurance company may only cover a portion of the total bill. I further understand that I may be responsible for all charges not covered by this assignment. In addition, I authorize Island Rheumatology and Osteoporosis, PC / Sanjay Godhwani, MD to disclose any and all written information from the above-named insurance company and/or its designated representatives, at the determination of Island Rheumatology and Osteoporosis, PC / Sanjay Godhwani, MD. Such disclosure shall be for reimbursement purposes for those services received.

I hereby release Island Rheumatology and Osteoporosis, PC / Sanjay Godhwani, MD, its officers, agents, employees and any clinical staff associated with my case, from all liability that may arise as a result of disclosure of information to the above-named insurance company(s) or their designated representatives.

By signing this assignment of benefits and release of information I acknowledge:

1. I am aware and understand that this authorization will not be used unless the above-named insurance company(s) or their designated representatives request records of information for reimbursement purposes; or seek to act reference payment for treatment services.
2. I agree to participate and assist Island Rheumatology and Osteoporosis, PC / Sanjay Godhwani, MD or its designated representatives with any appeal process necessary to collect payments for services rendered.
3. I am aware and have been advised of the provisions of Federal and State Statues, rules and regulations and provide for my right to confidentiality of these records.
4. I UNDERSTAND THAT THE PROVIDER IS LEGALLY OBLIGATED TO COLLECT ALL COPAYS, DEDUCTIBLES AND/OR COINSURANCE DEEMED TO BE PATIENT/INSURED RESPONSIBILITY BY THE INSURANCE COMPANY.
5. Island Rheumatology and Osteoporosis, PC / Sanjay Godhwani, MD is acting in filing for insurance benefits assigned to me/the patient and it can assume no responsibility for guaranteeing payment of any charges from the insurance company(s).
6. A firm contracted by Island Rheumatology and Osteoporosis, PC / Sanjay Godhwani, MD for billing and collection purposes. If necessary, the office may employ collection counsel and/or an attorney on my bill, I will be responsible for any said collection and/or attorney fees.
7. Island Rheumatology and Osteoporosis, PC / Sanjay Godhwani, MD is appointed by me to act as my representative and on my behalf in any proceeding that may be necessary to seek payment from my insurance carrier. This includes receiving a copy of my insurance plan's documents.
8. Should an overpayment take place; a refund check will be mailed to the authorized party that is due the overpayment.
9. Island Rheumatology and Osteoporosis, PC / Sanjay Godhwani, MD shall be entitled to the full amount of its charges without offset.

I acknowledge receipt of a completed and signed copy of this assignment and release form.

Name of Patient /Legal Representative (specify relationship): \_\_\_\_\_

Signature of Patient /Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_