

J. JOSEPH DANYO, M.D., P.A

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ASSIGNMENT OF BENEFITS

Date: _____

Patient's Name: _____

Employer: _____

I hereby instruct and direct _____ Insurance Company to pay by check made out to Dr. J. Joseph Danyo and mailed to the above address.

If my current policy prohibits direct payment to Dr. Danyo, I hereby also instruct and direct you to make out the check to me and mail it to Dr. Danyo at the above address for the professional or medical expense benefits allowable, and otherwise 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.** The 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 Agreement 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, adjustor or attorney involved in the case.

I authorize Dr. J. Joseph Danyo to initiate a complaint to the Insurance Commission for any reason on my behalf.

Dated at _____ this day of _____

Signature of Policyholder

Witness