

Assignment of Benefits

Patient Information:

Name: _____

Parent/Guardian: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Patient Insurance Information:

Insurance Provider: _____

Insurance Policy Number: _____

Group Number: _____

Assignment of Benefits:

I, _____, parent/guardian of _____, hereby assign all medical benefits, to which my child is entitled, including but not limited to, major medical benefits, Medicare, and any other health or accident insurance plans, to Houston Pediatric Neurology and Sleep, PLLC. I authorize direct payment of the medical benefits to Houston Pediatric Neurology and Sleep, PLLC, for services rendered.

Authorization:

I authorize Houston Pediatric Neurology and Sleep, PLLC to release any and all medical information necessary to process claims and appeals related to my healthcare services to my insurance provider(s) for reimbursement purposes.

Patient/Guardian:

Patient Name: _____

Parent/Guardian name: _____

Parent/Guardian Signature: _____

Date: _____

Physician:

Physician Name: _____

Physician Signature: _____

Date: _____

Please note that this is a general template and may need to be customized according to your specific requirements and applicable legal regulations. It's always a good idea to consult with legal professionals or experts to ensure compliance with local laws and regulations regarding assignment of benefits in the medical field.