Redlands Obstetrics and Gynecology Associates
Samir E. Hage, D.O., Inc.

255 Terracina Boulevard, Suite 202 · Redlands, California 92373
Phone: (909) 748-6065
Fax: (909) 748-6095
www.redlandsobgyn.com

Assignment of Benefits Form

Date:

Patient Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Claim Group: _____

SSN#: _____

I hereby instruct and direct my insurance company to pay by check made out and mailed to:

Samir E. Hage, D.O., Inc.
255 Terracina Boulevard, Suite 202
Redlands, CA 92373

OR

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

_____
Patient First Name Patient Last Name

c/o Samir E. Hage, D.O., Inc.
255 Terracina Boulevard, Suite 202
Redlands, CA 92373

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**. This payment will not exceed my debt 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 Assignment shall be considered as effective and is valid as the original.

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

I authorize Doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Dated:

_____ _____
Signature of Policy Holder **Witness**