Herbert A. Insel. M.D., F.A.C.C.

Cardiology and Internal Medicine

30 E. 40th Street, Ste 1100
New York, NY 10016
(212) 360-1800

<u>ASSIGNMENTS OF BENEFITS</u>

I hereby authorize direct payment of surgical/medical benefits to Herbert A. Insel, MD. For services by him in person or under his supervision. I understand that I am financially responsible for any balance not covered by my insurance (ie, deductible, co-insurance, co-pay).

I hereby authorize Herbert A. Insel, MD to release any medical or incidental information that may be necessary for either medical or in processing applications for financial benefit.

I hereby certify that the information given by me in applying for payment is correct. I authorize release of all records on request. I request that payment of authorized benefits be made on my behalf. A photocopy of these assignments shall be valis as original.

______________________________	________________________	______________
Print Name	*Signature*	*Date*