

Insurance Information (We must have a current copy of your card on file)

Primary Insurance: _____ Identification number _____

Claims Address _____

Phone number _____

Policy Holder (Self, spouse, parent)

Address _____

Phone number _____

Social Security Number _____

Relationship to patient _____

Policy Holder's Employer

Address _____

Phone number _____

Secondary Insurance: _____ Identification number _____

Claims Address _____

Phone number _____

Policy Holder (Self, spouse, parent)

Address _____

Phone number _____

Social Security Number _____

Relationship to patient _____

Policy Holder's Employer

Address _____

Phone number _____

ASSIGNMENT OF BENEFITS

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, and any other health plan to Northern Colorado Surgical Associates. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I hereby authorize said assignee to release all information to secure the payment. To ensure continuity of care, I hereby authorize the release of all medical records to my primary and referring physicians. I hereby release copies of this information sheet to any hospital I may be admitted to. I also authorize Medicare, private insurance, and any other health plan to furnish said assignee any information regarding payment of my claim.

Signature

Date