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UNIFORM ASSIGNMENT AND RELEASE OF INFORMATION STATEMENTS

Authorization for release of information by Dr. _____

I hereby authorize and direct the above named physician, having treated me to release to Governmental agencies, insurance carriers, or others who are financially liable for my Medical Care, all information needed to substantiate payment for such medical care and to permit representatives thereof to examine and make copies of all records in relation to such care and treatment.

Date

Signature of Patient or Authorized Representative

Assignment to:

I hereby assign, transfer and set over to the above named physician sufficient monies and/or benefits to which I may be entitled from government agencies, insurance carriers, or others who are financially liable for my medical care to cover the costs of the care and treatment rendered to myself or my dependent in said physician's office.

Date

Signature of Patient or Authorized Representative