



Suffolk Cardiovascular Consultants, PC

Daniel R. Landolphi
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CARDIOLOGY

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ASSIGNMENT OF BENEFITS

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

Patient Name _____

c/o Suffolk Cardiovascular Consultants

1920 Deer Park Ave #104 Deer Park , NY 11729

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 indebtedness 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 photo copy of this Assignment shall be considered as effective and 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 Dr. Landolphi to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Dated at (Time) _____ this (Month) _____ (Day) _____ 20 _____

Patient _____ Staff _____