



Assignment of Benefits

(This policy allows us to bill and get paid by your insurance company)

Upon registration with DOC PAM, PA for medical care:

- 1) Necessary forms will be completed to file for insurance carrier payments.
- 2) I hereby assign all medical and surgical benefits, and hereby authorize and direct my insurance carrier(s) (including Private Insurance, Medicaid, and any other health/medical plan) to issue payment check(s) directly to DOC PAM, PA.
- 3) This will include all medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any.
- 4) I understand that I am responsible for any amount not covered by insurance.

DOC PAM, PA
201 N. Lakemont Ave. Suite 200, Winter Park, FL 32792
Phone: 321-203-4410 Fax: 321-203-4409