Smith Vein INSTITUTE

Patient Information Form

Assignment of Benefits

Patient **SS#**

I hereby instruct and direct my health plan to pay by check made out and mailed to:

David G. Smith, M.D.
7536 Fredle Drive
Concord, OH 44077

If my current policy prohibits direct payment to the doctor, I hereby also instruct and direct the insurance company to make out the check to me and mail it as follows:

c/o David G. Smith, M.D.
7536 Fredle Drive
Concord, OH 44077

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. This payment will remain in effect until revoked by me in writing.

A photocopy 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, adjustor, State or Federal entity, or attorney involved in this case. I acknowledge that my medical records maybe transmitted by facsimile to other Healthcare Providers, Insurance Carriers, or Government entities, involved in my medical care.

Signature Date

Notice Concerning Complaints
Complaints about physician, as well as other licensees & registrants of the Ohio State Board of Medical Examiners, including physicians assistant and acupuncturists, may be reported for investigation at the following web address:
http://www.med.ohio.gov/consumer-complaint-form.htm