

Big Apple Cardiology

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Insurance Authorization & Assignment of Benefits

Assignment of Insurance Benefits

I authorize and assign payment directly to **Allen Weiss Physician NY, P.L.L.C. d/b/a Big Apple Cardiology** for medical benefits payable for services rendered. My insurer may pay the provider directly and I remain financially responsible for deductibles, copayments, coinsurance, non-covered services, or services determined not medically necessary.

Lifetime Authorization

This authorization remains in effect for all services rendered by this practice unless revoked by me in writing.

Medicare Assignment

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Allen Weiss Physician NY, P.L.L.C. I authorize release of medical information to CMS and its agents as necessary to determine benefits and acknowledge responsibility for any amount not paid by Medicare.

Release of Medical Information

I authorize release of medical information necessary to process claims including diagnoses, treatment records, test results, and consultation reports to insurers, their agents, or entities involved in claim processing.

Secondary Insurance Authorization

If secondary insurance exists, I authorize submission of claims and assignment of benefits to the provider.

Financial Responsibility

Verification of insurance benefits is not a guarantee of payment. I agree to be responsible for charges not paid by insurance.

By signing electronically, I acknowledge that I have read and agree to the above Insurance Authorization and Assignment of Benefits. This authorization applies to the current visit and all future visits unless revoked in writing. My digital signature and timestamp constitute legal authorization.

Electronic Patient Signature (captured digitally)

Timestamp Recorded Automatically