

**The Metropolitan Neurosurgery Group LLC**  
1010 Wayne Avenue, Ste. 420, Silver Spring, MD 20910  
Phone: 301-557-9051 Fax: 301-654-9394

**ASSIGNMENT OF INSURANCE**

Your doctor is not a part of your health insurer's network. You may pay more for the services provided by your doctor, such as:

1. Your doctor's charges may be higher than the amount your health insurer will pay and, if so, you must pay the difference;
2. Your coinsurance, deductible and out-of-pocket maximum may be higher because your doctor is not in your health insurer's network.

Your doctor will provide you with the following information to help you understand what you will have to pay for the services you will receive from your doctor:

1. An estimate of the cost of the surgical services;
2. Any payment terms your doctor offers to help you pay for these services; and
3. Whether your doctor will charge you interest on any unpaid balance.

I, [patient's name] \_\_\_\_\_ received the information above and authorize my health insurer to reimburse my doctor directly for the services provided on [date]: \_\_\_\_\_

Today's date \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_