



Assignment of Benefits

I hereby assign to Marlenny Feliz , M.D., P.A.Practice any insurance or other third_ party benefits available for health care services provided to me. I understand that Marlenny Feliz, M.D.,P.A. Practice has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Marlenny Feliz, M.D.,P.A. Practice, I agree to forward to Marlenny Feliz, MD, PA Practice all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

Signature of Patient/Legal Guardian:_____

Date: _____