

HERBERT A. INSEL, F.A.C.C.

Cardiology and Internal Medicine

*30 East 40th Street
New York, NY 10016*

ASSIGNMENT OF BENEFITS

I hereby authorize direct payment of surgical/medical benefits to Herbert A. Insel, MD for services rendered by him in person or under his supervision. I understand that I am financially responsible for any balance not covered by my insurance (ie, deductible, co-insurance, co-pay).

I hereby authorize Herbert A. Insel, MD to release any medical or incidental information that may be necessary for either medical care or in processing applications for financial benefit.

I hereby certify that the information given by me in applying for payment is correct. I authorize release of all records on request. I request that payment of authorized benefits be made on my behalf. A photocopy of these assignments shall be valid as original.

Print Name

Signature

Date

HERBERT A. INSEL, MD., F.A.C.C.

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30 East 40th Street
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Dear Valued Patient,

Please be advised that although Dr. Insel does participate in-network with your insurance you may have a co-pay, in-network deductible and/or coinsurance which is a patient responsibility. Following is a description of such.

CO-PAY: A set amount that is the patient's responsibility due at the time of service. A patient may or may not owe a co-pay, this is dependent on the patient's plan.

DEDUCTIBLE: An out-of-pocket amount a patient must pay each year before the insurance company begins to pay for services rendered. A covered service may hit a patient's deductible depending on the details of the patient's plan.

CO-INSURANCE: A percentage of the cost that is the patient's responsibility after the insurance has paid it's portion. For example, with a 20% co-insurance the patient would pay 20% of the cost and the insurance carrier would pay 80%.

It is the responsibility of each patient to know how their insurance plan work. Upon verifying your insurance eligibility, the amount you owe for today's visit will be approximately \$ _____

PLEASE NOTE: DR. INSEL MAY DO AN ECHOCARDIOGRAM AS PART OF YOUR VISIT TODAY. IF AN ECHO IS PERFORMED, YOUR INSURANCE COMPANY WILL BE BILLED FOR SUCH.

Thank you.

Signature

Date