



5859 W Talavi Blvd, Suite 100, Glendale, AZ 85306

Phone: 602-298-7777 Fax: 623-930-6060

www.phoenixheart.com

Patient information

For:

Date of Birth:

MRN:

Assignment of Benefits Form

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance and any other health/medical plan, to issue payment check(s) directly to Phoenix Heart PLLC for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance. I further agree to pay all collection costs, attorney fees, and other fees that may be incurred to obtain payment for any outstanding amounts. You may be charged \$25.00 for missing or canceling an appointment that was not done within 24 hours' notice. Phoenix Heart PLLC charges \$50.00 for all returned checks

Authorization to Release Information

I hereby authorize Phoenix Heart PLLC to: (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow a photocopy of my signature to be used to process insurance claims for the period of lifetime. This order will remain in effect until revoked by me in writing.

I have requested medical service from Phoenix Heart PLLC on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized.

I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. A photocopy of this assignment is to be considered as valid as the original.

Patient/Responsible Party Signature

Date

Witness

Date