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Authorization For Assignment of Benefits

Name of Patient _____

Name of Insurance Company _____

Policy Number _____

I request that payment of authorized insurance benefits be made on behalf of Dr's James Aisenberg, Kenneth Miller, Neville Bamji, Jay Desai, Laura Frado and Ugonna Iroku for any services provided to be by these physicians. I authorized Dr's James Aisenberg, Kenneth Miller, Neville Bamji, Jay Desai, Laura Frado, and Ugonna Iroku to release to my insurance company or its agents any information needed to determine these benefits payable for related services.

I also understand that I will be financially responsible for payment of those medical services provided by Dr's James Aisenberg, Kenneth Miller, Neville Bamji, Jay Desai, Laura Frado and Ugonna Iroku but which is not covered by my insurance carrier.

Patient Signature _____

Date of Service _____