AMBULATORY ANESTHESIA PHYSICIANS

PO BOX 26960
NEW YORK, NEW YORK 26960
PHONE: 833-783-1796
FAX :855-460-9151

AFFILIATES IN GASTROENTEROLOGY

25B HANOVER RD, SUITE 250
FLORHAM PARK, NJ 07932
PHONE: 973-301-0700
FAX: 973-301-0939

Assignment of Benefits

Thank you for allowing Affiliates in Gastroenterology/Ambulatory Anesthesia Physicians to provide your anesthesia service. We look forward to providing you with our care. One of our complimentary services is to submit insurance and billing claims for you, easing your paperwork burden. In order for us to provide you with this service, please sign this Assignment of Benefits form:

I understand that signing this form authorizes: Affiliates in Gastroenterology/ Ambulatory Anesthesia Physicians to submit claims on my behalf directly to my Insurance carrier. Anesthesia payment will be submitted directly from my Insurance carrier.

PRINT NAME: X_____ **DATE: X**_____

PATIENT SIGNATURE:_____

If someone other than the beneficiary is signing this form, please complete the following Information for the person signing the form

Relationship to the Beneficiary: _____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone: (_____) _____