

THE HEART CENTER of NORTH TEXAS

Assignment of Benefits and Instruction for Direct Payment to Medical Providers

Private – Group Accident – Health Insurance Authorization of Benefits

Patient: _____

Policyholder: _____

Employer: _____ Group #: _____

Social Security #: _____ Policy #: _____

I hereby authorize and instruct that _____ Insurance Company pay authorized insurance benefits, on my behalf, by check made out and mailed to:

Tanveer A. Qureshi, M.D., P.A. dba The Heart Center of North Texas
3304 Colorado Blvd., Suite 101
Denton, TX 76210

Or

If my current policy prohibits direct payment to medical provider, then I hereby also instruct and direct you to make out the check to me and mail it as follows:

C/o The Heart Center of North Texas, 3304 Colorado Blvd., Suite 101, Denton, TX 76210

for professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for services rendered. *This is a direct assignment of my rights and benefits under this policy.* This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment amount. A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Signed and dated at the above named practice this _____ day of _____, 20____.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder