

***GOLDEN ORTHOPAEDIC KNEE, HIP, SHOULDER AND FOOT
CENTER***

**Business Office Location:
9970 Central Park Blvd S, Suite 300
Boca Raton, Florida 33428**

Assignment of Benefits

I hereby assign all medical benefits, under my policy of insurance with
_____ Insurance Company to which I am entitled, to
above Provider of Service. The assignment will remain in effect until revoked by me in
writing. A photocopy of this assignment is to be considered as valid as an original. This
assignment is for the services rendered to the undersigned patient and covered by
Personal Injury Protection coverage and medical payments coverage (where applicable.)
The undersigned further agrees to pay any co-payments or deductible not covered by
their insurance coverage. I hereby authorize said assignee to release all information
necessary to secure the payment.

Patient Name

Patient's Signature _____ Date:
