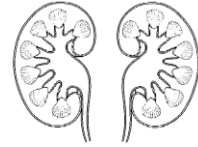




# KIDNEY SPECIALISTS, PLLC

1004 Sushruta Drive, Suite A  
Martinsburg, WV 25401  
Phone (304) 449-3778 Fax (304) 449-3777



## Assignment of Benefits

I hereby assign to Kidney Specialists, PLLC, all medical benefits due them for their professional services rendered to me and to my dependents. I also authorize said assignee to release all information concerning my illness and treatment to my insurance carrier and any other physician said assignee has consulted in my care. If it is necessary to obtain medical information from another party to assist in my care, I authorize release of medical records to Kidney Specialists, PLLC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment shall be considered as effective and valid as the original.

I understand that I am financially responsible for all charges, **whether or not covered by insurance.** In the event my unpaid account must be turned over for collection, I understand I will be responsible to pay all reasonable costs of collection, including attorney's or collection agency's fee.

\_\_\_\_\_  
Signature of Patient, Insured, or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

### **MEDICARE PATIENTS ONLY: Please sign below assignment**

Medicare Number: \_\_\_\_\_

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Kidney Specialists, PLLC for any services furnished me by these physicians. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services.

\_\_\_\_\_  
Signature