



LANGER FAMILY MEDICINE, P.A.

1806 Short Branch Drive, Suite 101

Trinity, FL 34655-4426

Phone: (727) 372-0873 Fax: (888) 402-1685

Assignment of Insurance Benefits

Primary Insurance Plan

Patient Name: _____ Date of Birth: _____

Insurance Plan: _____

Policy #: _____ Group #: _____

Medicare Patients Only

Medicare ID: _____

Part A Effective Date: _____ Part B Effective Date: _____

Secondary & Tertiary Insurance Coverage

Secondary Insurance Plan: _____

Policy #: _____ Group #: _____

Tertiary Insurance Plan: _____

Policy #: _____ Group #: _____

I hereby authorize and request that payments of authorized Medicare/other insurance company benefits made on my behalf be paid directly to Langer Family Medicine, PA for any medical or surgical services rendered to me or a member of my family. I authorize any holder of medical or other information about me be releases to the Social Security Administration, Health Care Financing Administration, its agents or carriers, or the insurance company information needed for this or related Medicare/other insurance claim to the determine these benefits or the benefits payable for related services. I understand that it is mandatory to notify the health care provider of any other party who may be responsible for paying for my treatment.

Signature of Patient / Responsible Party

Date

Name of Patient / Responsible Party (Please Print)

Relationship to Patient