

ASSIGNMENT OF BENEFITS
J. Brian Boyd, M.D.

I assign the right to payment for all medical benefits to J. Brian Boyd, M.D. in consideration for medical services and supplies provided pursuant to my health insurance plan.

In the event my health insurance plan refuses to pay for provided, medically necessary services, I also assign all my ERISA* rights to J. Brian Boyd, M.D. for a full and fair review of any and all denied claims, including any penalties that maybe assessed against the insurance company for faulty claims processing.

This ERISA assignment is in consideration for the unpaid services provided and in consideration for the continued willingness of J. Brian Boyd, M.D. to see patients, including myself, on an insurance assignment basis. I understand that if my treating doctor prevails in any such payment dispute, I may be liable for co-payment for the contested services.

I give consent to release medical information to J. Brian Boyd, M.D. I give consent to J. Brian Boyd, M.D. to release medical information to other healthcare providers for the purpose of treatment, when necessary for my care. I give consent to J. Brian Boyd, M.D. to send medical information, as necessary, to my insurance plan.

***ERISA is an acronym for the Employee Retirement Income Security Act. The Employee Retirement Income Security Act Includes federal law requiring insurance companies to process submitted insurance claims and appealed (denied) insurance claims according to ERISA regulations. The failure to process submitted insurance claims and appealed (denied) insurance claims accordingly to ERISA regulations may result in fines charged to the insurance company in amounts up to \$110 a day for each Infraction**

Patient Printed Name _____

Patients Signature _____ Date _____