

Assignment of Benefits Form Advanced Surgical Group

I hereby assign my Benefits to Advanced Surgical Group, for services provided to me by Advanced Surgical Group. I hereby certify that the insurance information that I have provided Advanced Surgical Group is true and accurate as of the date of service. I am fully aware that having health insurance does not absolve me of any my responsibility to ensure that my medical bill is paid in full. I also understand that my insurance company may not pay 100% of the amount of the medical claim and I may be responsible for any and all amounts not payable by my insurance company.

I hereby authorize Advanced Surgical Group to submit claims, on my behalf, to the insurance company listed on the copy of the current insurance card I have provided Advanced Surgical Group, in good faith. I fully agree and understand that the submission of a claim does not absolve me of my responsibility to ensure the claim is paid in full.

I hereby instruct and direct my Insurance Company to pay Advanced Surgical Group directly. If my current policy prohibits direct payment to the provider of service, I hereby also instruct and direct my Insurance Company to make the check to me and mail it directly to Advanced Surgical Group for the professional or medical expense benefits to allowable, and otherwise payable to me under my current insurance policy as payment towards the total charges for the professional 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. Upon receipt of said check, I authorize Advanced Surgical Group to deposit the checks received on my account when made out to me.

I authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case. I authorize Advanced Surgical Group to be my personal representative, which allows Advanced Surgical Group to: (1) submit any and all appeals when my insurance company denies me benefits to which I am entitled, (2) submit any and all requests for benefit information from my insurance company, and (3) understand and agree that I am responsible for full payment of the medical debt if my insurance company has refused to pay 100% of my benefits, within ninety (90) days of any all appeals or request for information. I also agree that any fines levied against my insurance company will be paid to Advanced Surgical Group for acting as my personal representative.

If for any reason the account should become delinquent, I agree to pay for all collection and legal fees.

A photocopy of this Assignment shall be considered as effective and valid as the original.

**Signature of Patient or Policy Holder is
Required as Mandated By the State of Georgia**

Date