

Insurance Information

Account No. (Office Use Only)

Patient Name

Male Female

D.O.B.

Age

Social Security No.

Primary Insurance

Insurance Company

Insured

Relation to Patient

D.O.B.

Male

Female

Social Security No.

Insurance Claims Address

Pre-Certification Phone No.

Policy No.

Group No.

Secondary Insurance

Insurance Company

Insured

Relation to Patient

D.O.B.

Male

Female

Social Security No.

Insurance Claims Address

Pre-Certification Phone No.

Policy No.

Group No.

Assignment Of Benefits

I hereby assign all medical and / or surgical benefits for private insurance (Not to include Medicare, unless specific arrangements have been made) to: Dallas Plastic Surgery Institute. 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. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information to secure the payment.

Signature

Dr.

Date