

Northwest Endocrinology

& Diabetes PC

Nihad Muhrez, M.D., F.A.C.E.
Diplomate, American Boards of Endocrinology
Diabetes and Internal Medicine

Assignment of Benefits Form

Patient: _____

Employer: _____

SS #/ ID #: _____ Claim Group #: _____

I hereby instruct and direct _____ Insurance Company to pay by
(Insurance Company's Name)
check made out and mailed to:

NW Endocrinology & Diabetes PC
270 E. 90th Dr. Suite B
Merrillville, IN 46410

Or

If my current policy prohibits direct payment to Doctor Nihad Muhrez, I hereby also instruct and direct you to make out the check to me and mail it to the temporary address as follows:

(Patient Name)
c/o 270 E. 90th Dr. Suite B
Merrillville, IN 46410

for the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER 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.

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

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

270 E. 90TH Dr. Suite B, Merrillville, IN 46410 (219) 736-1758 Fax (219) 736-1717
Email: nwendodiabetespc@yahoo.com

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I authorize Doctor Nihad Muhrez to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Date at _____ this _____ day of _____, 20____.

(Time)

(Month)

(day)

(year)

Signature of Policyholder

Witness