

INSURANCE ASSIGNMENT AND RELEASE

Dr. Rick J. Berrios
18800 Main St., Ste. 205
Huntington Beach, CA 92648
1419 Superior Ave., Ste 4
Newport Beach, CA 92663
Telephone: 714-841-4954

I certify that I, and/or my dependent(s), have insurance coverage

with _____ and assign directly to Dr. Berrios all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions.

The above named doctor may use my health care information and may disclose such information to the above-named insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits payable for related services. The above named doctor may also disclose my health care information to my referring doctor and/or other doctors who will help in providing care for me. This consent will end when my current treatment plan is completed or one year from the date signed below.

Signature of Patient, Guardian, or Personal Representative

Date

Please print name of Patient, Guardian, or Personal Representative

Relationship to Patient