

Sinai Internal Medicine Specialists, PA

**Felix Agbo, MD
910 Old Camp Road, Suite 144
The Villages, FL 32162**

**ASSIGNMENT OF BENEFITS / AUTHORIZATION TO RELEASE
INFORMATION / FINANCIAL RESPONSIBILITY**

I hereby assign all medical benefits to include major medical benefits to which I am entitled, including but not limited to Medicare, Medicaid, Private Insurance and any other health plan to Dr. Felix Agbo and Sinai Internal Medicine Specialists, PA.

This order will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered as valid and the original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize and said assignment to release all information necessary to secure payment.

I, _____, the guarantor named above, agree to be personally and fully responsible for the payment of any and all medical services, not covered by a federal, state or commercial insurance or benefit program, that are provided by SINAI INTERNAL MEDICINE SPECIALISTS, PA to the above named individuals (including myself).

I understand that I am personally and fully responsible for the payment of all applicable co-payments and deductible. I understand that all applicable payments are due at the time of service.

Signature of Guarantor

Date

Signature of Witness

Date