PainCare of San Diego A Medical Corporation

Michael Moon, M.D.
David C. Majors, M.D.
Kayvan Binaei, PA-C

ASSIGNMENT OF BENEFITS

I hereby assign to PainCare of San Diego any insurance or other third-party benefits (Payment(s)) available for health care services provided to me. I understand that PainCare has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to PainCare, I agree to forward to PainCare all health insurance and other third-party payments that I received for services rendered to me immediately upon receipt.

I also understand that there is a missed/ cancellation appointment policy and I will be responsible for any charges incurred under this policy. I understand that the only payment method is by credit, debit, or cash.

AUTHORIZATION: I hereby authorize payment directly to PainCare of San Diego for medical services rendered and to release any information acquired in the course of my examination or treatment to my insurance company for payment.

_____ _____

Print Name Signature

_____

Date

5348 Carroll Canyon Road, Suite 101 ● San Diego, CA 92121
phone: **858.202.1546** ● facsimile: **858.202.1548** ● www.**paincarerehab**.com