

ASSIGNMENT OF BENEFITS

I understand that by signing this form I am authorizing the following:

1. Assignment of commercial insurance, Medicare, and other insurance carrier benefits to Robert J. Russo MD, PhD/ La Jolla Cardiovascular Research Institute.
2. Direct electronic or paper claim billing to Medicare, and other commercial insurance carriers.
3. Release of my medical information to Medicare, and other insurance carriers as necessary to process claims.

Specify any restrictions on release of medical information:

_____ I have no restrictions at this time, but reserve the right to revise or
Initial rescind this decision at any time.

_____ I request to restrict disclosure of specific medical information that
Initial pertains to the following (e.g. specific diagnoses, lab results, doctor visits/consultations) to the following Health Plan/s (I understand that any restrictions may preclude claims submission and limit consideration for third party reimbursement of services rendered):

_____.

4. Release of my insurance information and Protected Health Information (PHI) to Robert J. Russo MD, PhD/ La Jolla Cardiovascular Research Institute as necessary to process my claims, including determining eligibility and seeking reimbursement for the medical services or supplies provided.
5. **I agree to pay all amounts that are not covered by my insurer(s) for which I am legally or contractually responsible. I understand that these amounts may include co-payments, coinsurance, and deductibles.**
6. I hereby authorize and direct my insurance carrier/s, including commercial and Medicare to issue payments to Robert J. Russo MD, PhD/ La Jolla Cardiovascular Research Institute for services rendered. I am entitled to a photocopy of this assignment upon request, which is to be considered as valid as the original.

I have read and understand the above:

Signature _____ Date _____