

Woo Kwang Song, MD, Gastroenterology, LLC

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ASSIGNMENT OF BENEFITS

ALL PATIENTS WITH INSURANCE PLEASE READ AND SIGN:

I hereby authorize Woo Kwang Song, MD, Gastroenterology, LLC all my rights and benefits under any insurance contract for payment of services rendered to me by Woo Kwang Song, MD, Gastroenterology, LLC. I hereby authorize all information regarding my benefits under any insurance policy relating to any claim by Woo Kwang Song, MD, Gastroenterology, LLC to be released to Woo Kwang Song, MD, Gastroenterology, LLC. I hereby authorize Woo Kwang Song, MD, Gastroenterology, LLC to file insurance claims on my behalf and/or APPEAL claims for services rendered to me. I hereby authorize Woo Kwang Song, MD, Gastroenterology, LLC to act on my behalf.

I hereby authorize Woo Kwang Song, MD, Gastroenterology, LLC to obtain counsel and enter legal or other action on my behalf and /or in my name, including the arbitration/dispute resolution process, to collect such sums due, should sums not be paid within the legal prescribed time frame. In the event that Woo Kwang Song, MD, Gastroenterology, LLC elects to bring a lawsuit or petition for arbitration/dispute resolution against the insurance carrier, I hereby assign my right, title and interest under the medical expense benefits and/or Personal Injury Policy section of any insurance policy under which I am entitled to proceed for benefits. This assignment shall allow an attorney of Woo Kwang Song, MD, Gastroenterology, LLC to bring suit or submit to arbitration/dispute resolution their claim for any unpaid bills for services rendered.

The undersigned patient does hereby agree and acknowledge that he/she may receive benefit checks directly from the insurance carrier for services rendered by the provider. The undersigned patient hereby agrees to **IMMEDIATELY FORWARD SAID CHECKS** properly endorsed to the provider upon receipt of the same. In the even this assignment is held invalid; I hereby authorize Woo Kwang Song, MD, Gastroenterology, LLC to appoint an attorney to represent me directly against an insurance from which I may collect benefits. This appointment is intended on enabling the attorney to collect the funds due to Woo Kwang Song, MD, Gastroenterology, LLC.

Patient's Signature: _____ Date: _____

Medicare Patients:

I request that payment of authorized Medicare benefits be made on my behalf to Woo Kwang Song, MD, Gastroenterology, LLC for any services furnished to me by this physician. I authorize any holder of medical information about me to release any information needed to determine these benefits payable for related services.

Patient's Signature: _____ Date: _____

Medicare Secondary insurance including Medigap policies:

I request that payment of authorized secondary insurance carriers and Medigap benefits be made on my behalf to Woo Kwang Song, MD, Gastroenterology, LLC for any services rendered to me by this physician. I authorize any holder of medical information about me to release any information needed to determine these benefits payable for related services.

Patient's Signature: _____ Date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Cultural and Linguistic Information:

- Are there any languages, visual or audio deficits which may hinder our ability to provide you with the best care possible? _____
- Do you have any cultural or religious customs that may impede us to provide our medical care to you? If so, please explain _____
- Do you have a living will? Yes _____ No _____
- Are you allergic to latex? Yes _____ No _____

Patient Signature: _____ Date: _____

Authorized Representative's name if patient is unable to sign: _____

Signature of Authorized Representative: _____

Relationship: _____