



Metropolitan Asthma & Allergy, PC
34 Sycamore Ave, Suite 1A
Little Silver, NJ 07739
Phone (732)383-5554
Fax (732) 383-5495

Assignment and Release

ALL PATIENTS

I hereby assign, transfer and set over to Metropolitan Asthma & Allergy PC, all of my rights, title and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I may be financially responsible for all charges whether or not they are covered by my insurance.

Patient's Signature: _____ Date _____

ALL PATIENTS

I acknowledge that I have received a copy of Metropolitan Asthma & Allergy PC, Financial Policy

Patient's Signature: _____ Date _____

ALL PATIENTS

I agree to provide accurate and current insurance information for myself or my dependent. I assume full financial responsibility for balances resulting from inaccurate and/or outdated insurance information.

Patient's Signature: _____ Date: _____

MEDICARE PATIENTS ONLY

I request that payment of authorized Medicare benefits be made on my behalf to Metropolitan Asthma & Allergy PC for any services furnished to me by Dr Hajee. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Patient's Signature: _____ Date: _____

MEDIGAP PATIENTS ONLY

I request that payment of authorized Medigap benefits be made on my behalf to Metropolitan Asthma & Allergy PC for any services. I authorize any holder of Medicare information about me to release to Metropolitan Asthma & Allergy PC, any information needed to determine these benefits payable for related services.

Patient's Signature: _____ Date: _____