

# Assignment of Benefits Form

D.M.L Sports Medicine LLC  
96 Manner Avenue  
Garfield, NJ 07026  
(973)772-0099

Date: \_\_\_\_\_

Patient: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Claim Group: \_\_\_\_\_  
SS#/ID#: \_\_\_\_\_

I hereby instruct and direct \_\_\_\_\_ Insurance Company to pay by check, made out, and mailed to:

**D.M.L Sports Medicine LLC**  
**96 Manner Avenue**  
**Garfield, NJ 07026**

If my current policy prohibits direct payment to Dr. Loreti, I hereby also instruct and direct you to make out the check to me and mail it as follows:

**D.M.L. Sports Medicine LLC**  
**96 Manner Avenue**  
**Garfield, NJ 07026**

For the professional or medical expense allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Dated at *D.M.L. Sports Medicine* this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Claimant, if other than policyholder.