

NOTICE TO INSURANCE COMPANY OF ASSIGNMENT

Authorization to pay medical and surgical benefits directly to attending physician

YOU ARE INSTRUCTED TO PAY BY CHECK MADE OUT AND MAILED DIRECTLY TO:

**DAVID PARKS, M.D., Inc.
8920 WILSHIRE BLVD., SUITE 500
BEVERLY HILLS, CA 90211**

I hereby authorize my Insurance Company to make payment directly to David Parks, M.D., Inc. I understand that the office will gladly assist me in filing a claim with my Insurance Company to help me obtain reimbursement from my Insurance Company. However, I also understand that insurance reimbursement is a matter between me and my Insurance Company.

I realize that I am responsible for any charges not paid by my Insurance Company. I authorize the release of any medical information necessary to process the claim. A photocopy of this authorization will be considered as valid as the original.

PATIENTS
SIGNATURE _____ DATE _____

Note to Insurance Company:

You are hereby given notice that our patient has assigned and authorized payment of medical and surgical benefits directly to DAVID J. PARKS, M.D., INC. Please take notice that any payments not made directly to DAVID J. PARKS, M.D., INC will not satisfy contractual obligations under the policy of insurance.

This authorization may not be revoked or withdrawn under any circumstances without the written agreement of the administrator of DAVID J. PARKS, M.D., INC

I have received the notice of privacy practices for David J Parks, M.D., Inc.

PATIENTS
SIGNATURE _____ DATE _____