

Mary L. Rivera-Casamento, MD, F.A.C.O.G

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Insurance Assignment and Release

I _____ assign directly to Mary L Rivera-Casamento, MD and Women's Health, PC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance, including but not limited to co-payments and deductibles. Payment for office services is due at the time of service. I authorize the use of my signature on all insurance submissions.

Mary L Rivera-Casamento, MD may use my health care information and may disclose such information to the relevant insurance company(ies) and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services.

I agree to update any changes in my insurance coverage to my provider.

I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by me at any time in writing.

Signature

Date