



**North Shore  
Diabetes & Endocrine  
Associates**

**3003 New Hyde Park Road Suite #201 New Hyde Park, NY 11042  
516-327-0850 fax: 516-327-0920**

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize direct payment of benefits to North Shore Diabetes and Endocrine Associates for services rendered. I understand that I am financially responsible for any balance not covered by my insurance.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize North Shore Diabetes and Endocrine Associates to release any medical or incidental information that may be necessary for either medical care or in processing applications for financial benefit.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

I acknowledge that if North Shore Diabetes and Endocrine Associates is not paid in full at the time of service or submits a claim to my insurance company, North Shore Diabetes and Endocrine Associates is extending and otherwise deferring my time to pay the full charge for services rendered until the claim is paid by me or paid or denied by my insurance company. I further acknowledge that in the event my account remains past due and is referred to outside collection, such as a collection agency/law firm (entities), I agree, to authorize said entities to communicate with my insurance company regarding my past due account and further authorize said entities to obtain and/review my credit report.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date