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222 Westchester Avenue Suite 204, White Plains, New York 10604 (914)288-0036 (914)288-0226
Saint Francis Hospital, 1 Webster Avenue, Suite 206, Poughkeepsie, New York 12601 (845)473-3300
200 Westage Business Center, Suite 115, Fishkill, New York 12524 (845)896-4178 Fax (845)896-4278

ASSIGNMENT of BENEFITS

I hereby authorize and direct that all payments made by any third party on my behalf for medical treatment rendered to me by University Orthopaedics, P.C. be submitted directly to University Orthopaedics, P.C. I acknowledge financial responsibility for payment of any non-covered services, deductibles, co-insurance, co-payments, and any unpaid balance.

I further authorize that University Orthopaedics, P.C. be notified when payment is issued.

Patient signature: _____
(parent or guardian if a minor)

Date _____