

Jerald P. Vizzone, D.O.  
Orthopaedic Surgery

## **ASSIGNMENT OF BENEFITS**

**Patient's Name:** \_\_\_\_\_

I assign all medical providers all my rights and benefits under any insurance contracts for payments for services rendered to me by all medical providers. I authorized all medical providers to file insurance claims on my behalf for services rendered to me as a result of an automobile accident of \_\_\_\_\_, 200\_\_ including filing arbitration and litigation. I direct that all medical providers. I authorize all medical providers to act on my behalf.

**Patient's Signature:** \_\_\_\_\_

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

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**Today's Date:** \_\_\_\_\_

**Name (First/Middle/Last):** \_\_\_\_\_

**Nature of Complaint:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient's Signature:** \_\_\_\_\_