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Assignment of Medicare Benefits

Name of Patient

Medicare Identification Number

I request that payment of authorized Medicare benefits be made on my behalf to Drs. Daniel Adler, James Aisenberg, Neville Bamji, Jay Desai, Laura Frado, Ugonna Iroku, Leon Kavalier, Kenneth Miller, Yevgenia Pashinsky for any services provided to me by these physicians. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services.

I also understand that I will be financially responsible for payment of those medical services provided by Drs. Adler, Aisenberg, Bamji, Desai, Frado, Iroku, Kavalier, Miller and Pashinsky which are deemed medically necessary, but which are not reasonable or necessary per Medicare. If I undergo a screening Colonoscopy, I understand that I will be responsible for my annual deductible and co-insurance if a diagnosis is found.

Signature of Patient

Date

I have informed Drs. Adler, Aisenberg, Bamji, Desai, Frado, Iroku, Kavalier, Miller and Pashinsky that I am not covered by Medicare and that I will not submit any medical insurance claims to Medicare for the services that he has provided me.

Signature of Patient

Date