Howard Menikoff, MD, PC

Greenwich Village
2 Fifth Avenue
New York City 10011
212.473.7892

Midwood Brooklyn
1321 East 7th Street
Brooklyn, NY 11230
718.338.1313

Patient Information

Name

Birth Day

Street Address

City

State

Zip Code

E-mail Address

Home Phone

Work Phone

Cell Phone

Insurance Information

Insurance Name

Policy Number

Group Number

Issued To

Signature on File/Release Information

The undersigned hereby authorizes the release of any information relating to all claims for the benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my physician to submit claims for benefits for services rendered or for services to be rendered without obtaining my signature on each and every claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

I_____ hereby authorize_____

(name of insured) (name of insurance company)

to pay and hereby assign directly to Howard Menikoff, M. D. all benefits, if any, otherwise payable to me for his services as described on the attached forms. I understand I am financially responsible for all charges incurred. I further acknowledge that my insurance when received by me and paid to Howard Menikoff, M. D. will be credited to my account, in accordance with the above said assignment.

_____ _____

patient's or authorized signature date