



Assignment of Benefits (AOB)

This AOB form is required to bill on your behalf!

My signature and date in the box below authorize each of the following:

1. Assignment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits to **BAY AREA NEUROMUSCULAR-THERAPY & REGENERATIVE MEDICINE** for medical supplies and/or medication(s) furnished to me by **BAY AREA NEUROMUSCULAR-THERAPY & REGENERATIVE MEDICINE**.
2. Direct billing to Medicare, Medicaid, Medicare Supplemental or other insurer(s).
3. Release of my medical information to Medicare, Medicaid, Medicare Supplemental or other insurers and their agents and assigns.
4. **BAY AREA NEUROMUSCULAR-THERAPY & REGENERATIVE MEDICINE** to obtain medical or other information necessary in order to process my claim(s), including determining eligibility and seeking reimbursement for medical supplies and/or medication(s) provided.
5. **BAY AREA NEUROMUSCULAR-THERAPY & REGENERATIVE MEDICINE** to contact me by telephone or mail regarding my medical supplies and/or medication(s) order.

I agree to pay all amounts that are not covered by my insurer(s) including applicable co-payments and/or deductibles for which I am responsible.

Your Phone # () _____

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I request that payment of Medicare, Medicaid, Medicare Supplemental or other insurance benefits be made on my behalf to **NEUROMUSCULAR-THERAPY & REGENERATIVE MEDICINE**. for any medical supplies and/or medications furnished to me by **BAY AREA NEUROMUSCULAR-THERAPY & REGENERATIVE MEDICINE**. I authorize any holder of medical information about me to release to **BAY AREA NEUROMUSCULAR-THERAPY & REGENERATIVE MEDICINE**, my physician(s), caregiver, CMS, its agents and to my primary and/or other medical insurer any information needed to determine or secure eligibility information and/or reimbursement for covered services. I agree to pay all amounts that are not covered by my insurer(s) and for which I am responsible.

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Insurer _____ **Policy #** _____
(other than or in addition to Medicare) **Insurer Phone #** () _____

Please correct any errors in your name and address below.