NEUROLOGY CONSULTANTS MEDICAL GROUP

12291 E. WASHINGTON BLVD., SUITE 303
WHITTIER, CA 90606
(562) 698-6296

101 E. BEVERLY BOULEVARD, SUITE 206
MONTEBELLO, CA 90640
(323) 725-7297

LEONARD A. GALE, M.D.
PAUL C. HELFGOTT, M.D.
RICHARD A. RISON, M.D.
GAUTAM GANGULY, M.D.
NICHOLAS N. JONAS, M.D.
TERESA SOKOL, PA-C

INSURANCE INFORMATION SHEET AND ASSIGNMENT OF BENEFIT

INSURANCE COMPANY: _____

INSURANCE ADDRESS: _____

WHERE TO MAIL CLAIM: _____

_____

SUBSCRIBER NAME: _____

PATIENT NAME: _____

INSURANCE IDENTIFICATION #: _____

I, THE UNDERSIGNED, DO HEREBY GIVE MY CONSENT TO THE ABOVE-NAMED PHYSICIAN TO RELEASE TREATMENT AND MEDICAL INFORMATION TO MY INSURANCE COMPANY AND TO AID IN THE PAYMENT FOR SERVICES RENDERED TO ME. I FURTHER INSTRUCT MY INSURANCE COMPANY TO RELEASE PAYMENT FOR SERVICES DIRECTLY TO NEUROLOGY CONSULTANTS MEDICAL GROUP.

_____
SIGNATURE OF SUBSCRIBER

_____
SIGNATURE OF PATIENT

_____
DATE