



SCARPA PHARMACY & SURGICAL SUPPLIES

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"Serving the community for over 60 years"

NEW YORK STATE ASSIGNMENT OF INSURANCE BENEFITS

In Consideration of drugs, medical equipment and/or supplies furnished or to be furnished to the undersigned, I hereby authorize payment directly to SCARPA PHARMACY of any and all benefits to which I may otherwise be entitled for services rendered by the provider.

In the Event the provider's charges are outstanding and I fail to file an application for benefits I hereby authorize the provider to file such a claim in my behalf so that the provider may realize payment of its charges. I understand that, if the provider does not receive payment from the insurer, I am personally responsible for payment of the providers charges and assign to the provider the amount of its charges from the proceeds due me as my share of the claim whether obtained by judgment, settlement or otherwise. I hereby authorize and direct any insurance company or attorney to make payment of said assignment directly to the provider. I also agree to send all checks I might receive directly to SCARPA PHARMACY within five (5) days of receipt.

It is understood that this assignment shall not affect any right of the provider with respect to payment or constitute an agreement by the provider to defer payment of its charges. I also agree to be personally responsible and fully responsible for any collection, legal and interest fees due on any monies not turned over to the provider. A fee of 2% will be accrued monthly on any unpaid balance.

Patient's name _____

Date of Accident _____ Claim # _____

Signature _____

WCB # _____ SS# _____

Date _____

Insurance Company _____

Responsible party _____

Address _____

AUTHORIZATION FOR RELEASE OF HEALTH SERVICES OR TREATMENT INFORMATION

I do authorize the Workers compensation board, No Fault Insurance Carrier or Medical Services to release information to SCARPA PHARMACY that relates to my medical case. The information released shall pertain to my physical and medical conditions necessitating the rental or purchase of medical equipment, supplies and/or drugs.

Signature _____

Date _____