

Fox and Brantley Internal Medicine
Assignment of Benefits

Beneficiary's Name: _____

Medicare Number: _____

“I request that payment of authorized Medicare benefits be make to me or on my behalf to William Fox MD, or Richard Brantley MD for any services furnished me by the physician/provider. I authorize any holder on medical information about me to be release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services.”

Signature of Patient:

_____ Date: _____