



THE GENERAL AND ASSISTANT SURGEON'S (ERISA) ASSIGNMENT FORMS

The following is the general assignment you should have all of your patients, old and new, sign as they come in to be seen. This general assignment only has to be signed once. The ERISA portion of the assignment will allow us to pursue any insurance entity, other than Medicare and Medi-Cal, for payment of your denied claims in a more effective manner than is allowed under State law and will allow us to pursue these insurance companies for any ERISA claims procedures violations.

I assign the right to payment for all medical benefits directly to (names of all the doctors in the practice) in consideration for medical services and supplies provided pursuant to my health insurance plan.

In the event my health insurance plan refuses to pay for provided, medically necessary services, I also assign all my ERISA* rights to (names of all the doctors in the practice) for a full and fair review of any and all denied claims, including any penalties that may be assessed against the insurance company for faulty claims processing. This ERISA assignment is in consideration for the unpaid services provided and in consideration for the continued willingness of (names of all the doctors in the practice) to see patients, including myself, on an insurance assignment basis. I understand that if my treating doctor prevails in any such payment dispute, I may be liable for co-payment for the contested services.

I give consent to release medical information to (names of all the doctors in the practice). I give consent to (names of all the doctors in the practice) to release medical information to other healthcare providers for the purpose of treatment, when necessary for my care. I give consent to (names of all the doctors in the practice) to send medical information, as necessary, to my insurance plan.

***ERISA is an acronym for the Employee Retirement Income Security Act. The Employee Retirement Income Security Act includes federal laws requiring insurance companies to process submitted insurance claims and appealed (denied) insurance claims according to ERISA regulations. The failure to process submitted insurance claims and appealed (denied) insurance claims according to ERISA regulations may result in fines charged to the insurance company in amounts up to \$110 a day for each infraction.**

Patient's printed name _____

Patient's signature _____ Date _____

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You should use the following assignment for assistant surgeon's services.

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I understand Dr. _____ will assist at my surgery, and in consideration for receiving medical services provided pursuant to my health insurance policy, I assign payment of my insurance benefits directly to the assistant surgeon for the assistant surgeon's services provided.

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In the event that my health insurance plan refuses to pay for medically necessary assistant surgeon services, I also assign all my ERISA* rights to a full and fair review process to the assistant surgeon named above for any and all denied assistant surgeon's claims, including any penalties that may be assessed against the insurance company for faulty claims processing. In consideration for this ERISA assignment, the assistant surgeon agrees to potential non-payment and/or undertaking responsibility for the denial determination appeal process under the terms of my health care plan. I understand that if the assistant surgeon prevails in any such payment dispute, I may be liable for co-payment for the contested services.

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Patient's printed name _____

Patient's signature _____ Date _____

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