DRS. Maklansky. Kurzban, Cohen, Zimmer, Hyman, Berson, Maklansky

NYMI Associates

165 East 84th Street, New York, NY 10028

Tel: 212.535.9770 • Fax: 212.988.1520

www.NYMIassociates.com • www.MAKimaging.com

ASSIGNMENT OF BENEFITS

Name of Beneficiary: ……………………………………………………………………………………………………….

Insurance ID#: ……………………………………………………….

I request that payment of authorized Insurance benefits be made on my behalf to the Maklansky, Grunther, Kurzban, Cohen, Zimmer, Hyman & Berson M.D., P.C., for any services furnished me by the MGKCZHB, M.D., P.C., and it's physicians.

I authorize any holder of medical information about me to release to the Insurance Carrier and its agents any information needed to determine these benefits or the benefits payable for related services.

This authorization will be valid for all subsequent visits unless cancelled by the beneficiary.

Beneficiary Signature: ………………………………………….   Date signed:…..…………………..

Daniel Maklansky, M.D.   Jerold Kurzban, M.D.   Burton A. Ccohen, M.D.   Jerald Zimmer, M.D.
Alain D. Hyman,M.D.   Barry D. Berson, M.D.   Joseph J. Maklansky, M.D.   Jolinda Mester, M.D.