



Gold Coast Pediatrics

Assignment of Benefits Form

I irrevocably assign to Gold Coast Pediatrics, all my rights and benefits under any insurance contracts for payment for services rendered to me or my child by Gold Coast Pediatrics. In addition:

- 1) I authorize Gold Coast Pediatrics to file insurance claims on my behalf for services rendered to my child or me.
- 2) I authorize all information regarding my benefits under any insurance policy relating to claims by Gold Coast Pediatrics be released to Gold Coast Pediatrics.
- 3) I direct that all payments go directly to Gold Coast Pediatrics
- 4) I authorize Gold Coast Pediatrics to report any suspected violations of proper claims practices to the proper regulatory authorities.
- 5) I am responsible to name Gold Coast Pediatrics as my Primary Care Provider if my insurance carrier requires an assignment of a primary care provider. I understand that if I do not name Gold Coast Pediatrics as my Primary Care Provider I am responsible for all fees not covered by my insurance carrier.

This assignment of benefits has been explained to my full satisfaction and I understand its nature and effect.

Signature of Parent or Guardian _____

Print Name _____

Date: _____