



2124 Route 35,
Holmdel,
NJ,
07733

Tel: (732) 788-0349
Fax: (877) 211-6276
E-mail: info@gramercypaincenter.com
www.gramercypaincenter.com

ASSIGNMENT AND AGREEMENT

I hereby authorize payment directly to Gramercy Pain Center LLC for all insurance benefits otherwise payable to me for services rendered.

I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents.

We do not except Medicaid therefore you will be responsible for any payments normally covered under this plan.

Payments made to you by your insurance company in order to pay for services rendered by Gramercy Pain Center to you must be forwarded to us.

I also understand payment may be made by cash, check.

Payment is due at the time of service rendered.

Please be prepared to make co-payments at time of service.

I authorize Gramercy Pain Center LLC to release information required to secure the payment of benefits.

I authorize the use of this signature on all insurance submissions.

Signature of Responsible Party

Date