

Stephen U. Harris, MD, PLLC  
Harris Plastic Surgery  
500 Montauk Highway  
Suite H  
West Islip, NY 11795  
Tax ID# 38 3671960

**ASSIGNMENT OF BENEFITS**

The undersigned, \_\_\_\_\_, herein referred to as the patient, does hereby transfer and assign to Dr. Stephen Harris or his employees, herein referred to as the provider, all applicable and eligible benefits regarding payment or reimbursement of claims under the patient's insurance coverage.

Patient authorizes direct remittance of payment for all eligible and covered medical services to the provider.

**The patient understands and acknowledges responsibility for deductible and coinsurance and all medical charges not covered or eligible for payment.**

Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

*(Legal Guardian or Representative if patient under 18 years of age or unable to sign)*

Patient Printed Name: \_\_\_\_\_

Patient Relationship to Insured: \_\_\_\_\_

*If Applicable:*

Legal Guardian or Representative Printed Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_