



Nadim M. Zacca, M.D., F.A.C.C., P.A.

CARDIOVASCULAR DISEASE

INSURANCE AUTHORIZATION AND ASSIGNMENT

IN CONSIDERATION OF SERVICES RENDERED, I HEREBY ASSIGN AND TRANSFER ALL MEDICAL AND/OR SURGICAL BENEFITS, TO INCLUDE ANY MAJOR MEDICAL BENEFITS WHICH I AM ENTITLED TO DR. NADIM M. ZACCA ASSIGNMENT IS EFFECTIVE UNTIL REVOKED IN WRITING. A PHOTOCOPY OF THIS AGREEMENT IS CONSIDERED VALID. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WETHER OR NOT PAID BY SAID INDURANCE. I HEREBY AUTHORIZE SAID ASIGNEE TO RELEASE ALL INFORMATION TO SECURE PAYMENT.

I AM ALSO HELD LIABLE OF OBTAINING A REFERRAL IF NEEDED FOR EACH VISIT FROM MY PRIMARY CARE PHYSICIAN.

SIGNED: _____ DATE: _____