L. Scott Stoney, M.D. ***CALIFORNIA REHABILITATION, INC.
Physical Medicine and Rehabilitation

361 Hospital Rd, Suite #425
Newport Beach, CA 92660
(949) 548-4580

ASSIGNMENT OF INSURANCE BENEFIT

I HEREBY AUTHORIZE ALL INSURANCE PAYMENTS FOR WHICH I AM ENTITLED, TO BE FORWARDED DIRECTLY TO **L. SCOTT STONEY, M.D. OR CALIFORNIA REHABILITATION, INC.** FOR THE FOLLOWING SERVICES TO INCLUDE:

Medical, surgical, diagnostic, therapeutic AND physical medicine, laboratory, primary care and consulting services rendered to me, my spouse, or my dependent child(ren). These benefits shall include procedures performed UPON me, my dependent spouse or child(ren) for those services rendered on an outpatient or inpatient basis. I further understand that I am financially responsible for any and all services rendered me, my spouse or dependent child(ren) that may no be covered by my insurance company.

I agree to notify **Dr Stoney OR the representative of L. Scott Stoney, M.D. Also known as California Rehabilitation, Inc.,** if my insurance changes or is terminated for any reason. I further agree to assist the billing department with denied services, difficult to pay claims, appeals, quick response submission of requested information for your insurance carrier or physician's billing department, and authorized/retroactive authorizations for services rendered.

I authorize the release of information which may be requested by my insurance carrier for the purposes of processing and payment of medical services. Procedure reports and evaluation reports may routinely accompany billed procedures to show medical necessity and progress and to expedite reimbursements.

Offices fees for Initial Evaluations, Initial Consultations, as well as follow-up are as follows:

Initial Comprehensive Evaluation	*$300.00*
Initial Limited Evaluation	*$150.00*
Follow-Up Extended Evaluation	*$300.00 - $500.00*
Follow-Up Limited Evaluation	*$150.00*

Today's Date: _____/_____/_____ **_____**

Patient's printed name in full

Patient or responsible party's signature