

Nahid Hamoui, M.D., Inc.
16300 Sand Canyon Avenue, Suite 604
Irvine CA 92618

Assignment of Benefits and Release of Information

I, the undersigned, hereby assign to Dr. Nahid Hamoui, M.D., Inc. All medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all the charges whether or not paid by my insurance, and hereby authorize the doctor to release and/or obtain medical records as needed for my treatment or to assist in obtaining insurance reimbursement on my behalf. I authorize the use of my signature on all insurance submission. I also understand that all insurance co-payment(s) are due at the time services are rendered.

Patients Name (Please Print)

Date of Birth

Signature of Patient / Guardian

Date