



Dr. Amina Ahmad  
AA Spine & Rehab Clinic

6767 W. Greenfield Avenue, Suite 201 (2nd floor)  
West Allis, WI 53214

**Assignment of Benefits**

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

Patient Address: \_\_\_\_\_

\_\_\_\_\_

Patient SSN: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

HIPPA Release of Medical Records:

I authorize any legal representative, attorney, medical, psychological, psychiatric, osteopathic or chiropractic physician, or any other medical practitioner or healthcare provider, hospital, clinic, rehabilitation facility to disclose information from the medical and healthcare records / bills of the injured person. I understand that the specific type of information to be disclosed includes but is not limited to breakdown for any settlement, and medical records, including history, treatment, diagnosis, and billing records. This authorization also permits discussion in person, by telephone, electronically, or by mail.

Consent to Treatment and Release of Information:

I voluntarily consent to receive medical and health care services that may include diagnostic procedures, examinations and treatments. I authorize the release of any medical information necessary to process this claim.

Financial Responsibility and Assignment of Benefits:

I authorize Dr. Amina Ahmad and AA Spine & Rehab Clinic to bill and collect for medical and health care services not covered by my health insurance company, car insurance and third-party insurance companies.

I authorize Dr. Amina Ahmad and AA Spine & Rehab Clinic to receive direct payment to the doctor from MED-PAY coverage of my policy.

I authorize Dr. Amina Ahmad and AA Spine & Rehab Clinic to receive direct payment for services rendered from any coverage or insurance coverage related to an accident.

I also agree to pay Dr. Amina Ahmad and AA Spine & Rehab Clinic for any bills not covered by my insurance policy for services rendered.

I certify that I have read this form and understand its contents.

\_\_\_\_\_  
Signature of Patient or Legally Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date