

# *Advanced Kidney Care & Hypertension of South Jersey*

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## **Assignment of Benefits**

I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, private insurance, and any other health plan to Dr. Arun Chawla, M.D. This assignment will remain in effect until I revoke it in writing. A photocopy of this assignment is to be considered valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignment release and all information necessary to secure payment.

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

Print Name: \_\_\_\_\_