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**Assignment of Insurance Benefits and
Identification of Primary and Secondary Insurance**

In consideration for the services received by me or my dependant on _____,
I assign all rights I possess regarding payment for those services under federal and state statute, under
common law and under my contract with the insurance company or companies identified below to

I also certify that my primary health insurance company and contract number is:

Insurance Company

Contract Number

Further, I certify that my second health insurance company and contract number is:

Insurance Company

Contract Number

I certify that my primary insurance company has accurate and up-to-date information regarding
secondary insurance coverage (coordination of benefits).

Signature _____

Printed Name _____

Date: _____

Address: _____

Telephone Number: _____

Social Security Number: _____