Midwifery Care Associates, P.C.
2 Tree Farm Road • Suite A110 • Pennington, NJ 08534 • 609.737.7512

STATEMENT TO RELEASE INFORMATION TO INSURANCE COMPANIES AND PERMIT PAYMENT OF INSURANCE BENEFITS TO PROVIDERS

I assign benefits for providers ' services to provider furnishing the service and authorize such provider to submit a claim containing information pertinent to treatment rendered to the insurance carrier for payment.

In addition, I authorize Midwifery Care Associates, P.C. to file a formal written complaint to the insurance commissioner on my behalf should they deem it appropriate.

_____
Patient Signature

_____
Patient's Social Security Number

_____
Date

_____
Partner's Social Security Number