



ASSIGNMENTS OF BENEFITS

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Phone: 718-236-5705

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I hereby authorize Silver Rod Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment directly to Silver Rod Pharmacy for any benefits otherwise payable to me for all claims for such services provided or submitted prior to, or after, the date provided on this form.

I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges that may be denied by my prescription benefit carrier(s). This assignment and authorization in no way releases me from said responsibility and imposes no obligation on Silver Rod Pharmacy to collect money on my behalf.

I authorize Silver Rod Pharmacy to release to my Health Insurance Plan such information needed to determine these benefits or the benefits payable for related services.

I certify that the insurance information that I have provided is accurate, complete and current.

I have read, understand and agree to all the information above. A photocopy of this agreement may be used as though it were an original.

This Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Please print your name: _____ Date: _____

Signature of the Primary Insured: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

Patient Social Security Number: _____

Please retain a copy for yourself and mail the original to: Silver Rod Pharmacy, 6404 18th ave, Brooklyn, NY 11204
Phone 718-236-5705 | Fax 888-910-0186