SYDNEY GASTROENTEROLOGY
AND LIVER GROUP

Assignment of Medicare Benefit

I, _____ , (Medicare Card: _ _ _ _ _ _ _ _ _ _ _ _ _ , Ref: _ _)

acknowledge that I have received the professional service(s)

provided by _____ on _ _ / _ _ / _ _ _ _ .

I assign my right to the Medicare benefit payable for this service to the practitioner, who

accepts this benefit as full payment for the service(s) rendered.

Patient/Assignor Signature *

_____

Date

If signed by someone other than the patient, please print your name below

Sydney Gastroenterology and Liver Group

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