



Assignment of Benefits (AOB)

This AOB form is required to bill on your behalf.

My signature and date in the box below authorizes each of the following:

- 1. Assignment of insurance benefits to National Biological for medical equipment or supplies furnished to me by National Biological.
- 2. Direct billing insurer(s).
- 3. Release of my medical information to insurers and their agents and assigns.
- 4. National Biological to obtain medical or other information necessary in order to process my claim(s), including determining eligibility and seeking reimbursement for medical supplies provided.
- 5. National Biological to contact me by telephone or mail regarding my medical supplies order.

I agree to pay all amounts that are not covered by my insurer(s) including applicable co-payments and/or deductibles for which I am responsible.

Insurer

Your Phone #

Health Insurance ID #

I acknowledge that I have read and agree to all terms above.

Signature [arrow]
Date [arrow]

I request that payment of insurance benefits be made on my behalf to National Biological for any medical supplies furnished to me by National Biological. I authorize any holder of medical information about me to release to National Biological, my physician(s), caregiver, insurance, its agents and to my primary and/or other medical insurer any information needed to determine or secure eligibility information and/or reimbursement for covered services. I agree to pay all amounts that are not covered by my insurer(s) and for which I am responsible.

Payments are to be made on my behalf to:
NATIONAL BIOLOGICAL CORPORATION
23700 Mercantile Rd
Beachwood, OH 44122
NPI #1396891495

Please complete and return via email, fax, or postal mail to the address below.

23700 Mercantile Rd • Beachwood, OH 44122 • (216) 831-0600 or (800) 338-5045 • Fax: (216) 765-0271
Email: info@PhototherapyExperts.com • Website: www.PhototherapyExperts.com