

**PASSER RESTORATIVE THERAPIES**

Jeffrey A Passer MD, PC  
Daniel J Gross MD  
Tina Ridgway, APRN  
10170 Nicholas St  
Omaha, Nebraska 68114  
402-933-5958

**AUTHORIZATION TO RELEASE INFORMATION**

**ASSIGNMENT OF BENEFITS**

I authorize the release of any medical information necessary to process all of my claims. I permit a copy of this authorization to be used in place of the original.

I hereby authorize Passer Restorative Therapies to apply for benefits on my behalf for covered services rendered by this office. I request that payment from my insurance company be made directly to Jeffrey A Passer, M.D.P.C.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

I understand that I am financially responsible for charges not covered by this assignment.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_