

SurgCenter at Pima Crossing
8415 North Pima Road, Suite 190
Scottsdale, AZ 85258

Assignment of Right to Appeal

Patient Name: _____

DOB: _____

Policy ID#: _____

Group ID#: _____

Date of Service: _____

I am aware that SurgCenter at Pima Crossing is a non participating provider with my insurance company. I hereby assign to SurgCenter at Pima Crossing my contractual right to appeal reimbursement of claims to SurgCenter at Pima Crossing for any claims that have been paid in an amount less than 60% of billed charges which have been submitted by SurgCenter at Pima Crossing for reimbursement under my policy of insurance.

Patient Signature: _____

Date: _____