

**MARTIN L. WEISSMAN, M.D.**

Bone and Joint Surgery

**KENNETH W. GITLIN, M.D.**

Bone and Joint Surgery  
Diagnostic and Surgical Arthroscopy

**JERRY A. MATLEN, M.D.**

Adult Reconstructive Orthopaedic Surgery  
Hip and Knee Joint Replacement

**THOMAS J. DITKOFF, M.D.**

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Adult Reconstructive Surgery  
Arthroscopy and Sports Injuries

**JEFFREY D. SHAPIRO, M.D.**

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Arthroscopic, Reconstructive and  
Joint Replacement Surgery  
Sports Medicine

**PAUL S. SHAPIRO, M.D.**

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Shoulder Surgery  
Microvascular Surgery

**JEFFREY E. BALAZSY, M.D.**

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Reconstructive Surgery  
Pelvis and Acetabulum Surgery  
Foot and Ankle Reconstruction

**DAVID J. COLLON, M.D.**

Sports Medicine  
Arthroscopic Surgery

**WEISSMAN, GITLIN, HERKOWITZ, M.D., P.C.**

**ORTHOPAEDIC SURGERY  
&  
PHYSICAL MEDICINE**

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**HARRY N. HERKOWITZ, M.D.**

Disorder of the Spine  
Disc and Stenosis Surgery  
Reconstructive Surgery of the Neck and Back

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Adult and Children's Spinal Disorders  
Scoliosis  
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**JEFFREY S. FISCHGRUND, M.D.**

Adult and Children's Spinal Disorders

**EERIC TRUUMES, M.D.**

Adult and Children's Spinal Disorders  
Reconstructive Surgery of the Neck and Back

**CHETAN K. PATEL, M.D.**

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Minimally Invasive Spine Surgery

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Revision Hip and Knee Surgery  
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Physical Medicine & Rehabilitation  
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**GINO R. SESSA, M.D.**

Physical Medicine & Rehabilitation  
Electromyography & Electrodiagnosis

**ASSIGNMENT OF BENEFITS:**

I acknowledge that if I do not pay in full for services rendered, on date of service, I hereby assign all medical and/or surgical benefits to which I am entitled, including Medicare, Private Insurance and any other health plan to Weissman, Gitlin, Herkowitz, M.D., P.C. A photocopy of this assignment is to be considered as valid as the original. I further authorize Weissman, Gitlin, Herkowitz, M.D., P.C. be allowed to release any information regarding my treatment in order to receive payment.

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Patient/Policyholder

\_\_\_\_\_  
Date