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ASSIGNMENT OF BENEFITS

Patient Name: Last _____ First _____ MI _____

Insurance Company: _____ Policy #: _____

For the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment. **If payment is mailed directly to me I will bring in the check and explanation of benefits within 1 week of receipt.**

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize doctor to initiate a complaint to the Insurance Commissioner or my health care provider for any reason on my behalf.

Signature of Policyholder: _____ Date: _____

Signature of Claimant, if other than Policyholder: _____

