



Cory Pahl, B.M.R., P.T.  
Ezra Canfield, B.Sc., Kin., M.Sc.P.T.  
Connor Malbon, MSc PT, MSc Kin

**Benefit Assignment Form**

**Patient:** \_\_\_\_\_ **File #** \_\_\_\_\_  
**Plan & Number:** \_\_\_\_\_ **Certificate / Plan member Number:** \_\_\_\_\_

I hereby assign benefits payable for the eligible claims to the Provider responsible for submitting my claims electronically to the group benefits plan and I authorize the insurer/plan administrator to issue payment directly to the Provider. In the event my claim(s) are declined by the insurer/plan administrator, I understand that I remain responsible for payment to the Provider for any services rendered and/ or supplies provided. I acknowledge and agree that the insurer/plan administrator is under no obligation to accept this Assignment, that any benefit payment made in accordance with this Assignment will discharge the insurer/plan administrator of its obligations with respect to that benefit payment, and that in the event the benefit payment is made to me, the insurer/plan administrator will also be discharged of its obligation with respect to that benefit payment.

I understand that this Assignment will apply to all eligible claims submitted electronically by the Provider and that I may revoke it at any time by providing written notice to the insurer/plan administrator. If I am a spouse or dependent, I confirm that I am authorized by the plan member to execute an assignment of benefit payments to the Provider.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date