



## ASSIGNMENT OF BENEFITS AND MEDICAL RELEASES

POWER OF ATTORNEY TO ENDORSE CHECKS AND/OR TO SIGN ANY PIECE OF PAPER WHICH WILL ENHANCE OR EXPEDITE PAYMENT TO PROVIDER FOR SERVICES RENDERED, INCLUDING BUT NOT LIMITED TO A RELEASE OF MEDICAL RECORDS AND ASSIGNMENT OF BENEFITS/AUTHORIZATION TO PAY.

Know by all these present that: The undersigned has made, constituted and appointed, and by these presents does hereby make, constitute and appoint Xpress Urgent Care and any of its fully authorized agents and employees as and to be undersigned's true and lawful attorney for and in the undersigned's name, place and stead to endorse any and all checks, drafts, or money order are made payable for services which have been made by Xpress Urgent Care, at the request or with the knowledge and approval of the undersigned and/or the maker of the check, draft or money order.

Furthermore, the undersigned allows Xpress Urgent Care or any of its agents to sign any paper that will be necessary to enhance and/or allow payment to said provider. This may include affidavits of non-ownership of vehicles, insurance forms and other statements.

The undersigned by this presents does give and grant the said Xpress Urgent Care as attorney the full power and authority to do and perform all and every act whatsoever requisite and necessary to be done in and about the premises as fully to all interest and purposes as the undersigned might or could do to personally presents insofar as the endorsing and cashing of said check are concerned as well as any other document.

### MEDICAL RELEASE

A photocopy of the document shall be sufficient to authorize any person having records of medical treatment, services or supplies pertaining to me to release true copies of same to Xpress Urgent Care or any insurer providing photocopy of this document shall be as binding as an original signature page.

The undersigned does hereby ratify and confirm any and all actions taken by the said attorney in accordance with this special power and which the said attorney shall do or cause to be done by virtue of these presents.

### ASSIGNMENT OF BENEFITS

I, (Patient's Name) \_\_\_\_\_ hereby authorize (Ins. Co.) \_\_\_\_\_ to make medical benefits payment otherwise to me for services rendered by Xpress Urgent Care; but not to exceed the charges of those services, payable to and mailed directly to:

### **Xpress Urgent Care**

Furthermore, I hereby IRREVOCABLE ASSIGN to Xpress Urgent Care the rights and benefits under any policy or insurance, indemnity agreement, or any other collateral source as defined in Florida Statutes for any service and or charges provided by Xpress Urgent Care.

IN WITNESS WHEREOF the undersigned have hereunto set their hand, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**Patient Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient / Guardian Signature:** \_\_\_\_\_