



COMPREHENSIVE BREAST AND SURGICAL CENTER

M. Lisa Attebery, DO, FACOS | *Breast Surgical Oncologist & General Surgeon*

ASSIGNMENT OF BENEFITS / AUTHORIZATION TO TREAT

Thank you for choosing The Comprehensive Breast & Surgical Center as your healthcare provider. Please read our Assignment of Benefits / Authorization to Treat Policy thoroughly, ask us any questions you may have, and sign below.

1. **ASSIGNMENT OF INSURANCE BENEFITS** – I hereby assign, transfer, and send directly to The Comprehensive Breast & Surgical Center sufficient monies and/or benefits for basic and major medical to which I may be entitled for medical care, to cover the costs of care and treatment received at The Comprehensive Breast & Surgical Center.
2. I authorize The Comprehensive Breast & Surgical Center to contact my insurance company or health plan administrator to obtain all financial information concerning coverage and payments under my policy. I direct the insurance company or health plan administrator to release such information to The Comprehensive Breast & Surgical Center.
3. **AUTHORIZATION TO TREAT** - Permission is hereby granted to all healthcare providers at The Comprehensive Breast & Surgical Center to administer examination, treatment, testing and procedures that are deemed necessary in the course of my care, including telehealth visits.

I have read and understand The Comprehensive Breast & Surgical Center **Assignment of Benefits / Authorization to Treat Policy** and I agree to be bound by its terms. I also understand and agree that such terms may be amended by The Comprehensive Breast & Surgical Center, LLC from time to time and I may ask for a copy.

Signature of Patient (or Guarantor, if applicable): _____ Date: _____

Printed Name of Patient: _____

Signature of Witness (required if patient unable to sign) _____