

ASSIGNMENT OF HEALTH BENEFITS

No. _____

The parties appearing below, on the day of _____, 20____ hereby agree to the following conditions, covenants and terms regarding the assignment of health benefits appearing in Mr./Mrs./Ms. _____ policy issued by _____.

I, _____, hereafter referred to as "Patient," understand and voluntarily agree to assign all applicable health provisions pertaining to payments or benefits appearing in my insurance policy with _____ in consideration for treatment rendered by _____, hereafter referred to as "Doctor."

The Patient, the policy holder, requests, orders and directs _____, to pay the Doctor directly to his/her office _____, the sum due to the Doctor for treatment rendered as a result of illness/injuries the Patient sustained as a result of _____ which occurred on or about the day of _____, 20_____.

The Patient gives the doctor the exclusive right to secure the funds assigned to the patient, including the right of securing counsel to represent the Doctor in collecting all sums due for treatment rendered.

The Doctor and Patient hereby enter into this assignment of benefits freely and voluntarily and evidenced by the signatures appearing below: The Patient and Doctor warrant that they have read this assignment of benefits and that each understand the legal effect of the same, and agree that each shall be bound by the covenants, terms and conditions appearing herein.

Signature of Patient

Signature of Doctor

Date

Notary Witness

Notary commission expiration