

ASSIGNMENT OF HEALTH BENEFITS

The parties appearing below, on the _____ day of _____, 20____ No. _____
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
at _____, 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.

Patient _____

Doctor _____

Date _____

Witness _____

Notary

My commission expires _____