ASSIGNMENT OF INSURANCE BENEFITS

The undersigned herby authorized the release of any information relating to all claims form benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes my physician to submit claims for benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependents and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

I, _____(Name of Insured) Herby authorize ___ _____(Names of insurance Company) to pay and assign directly to _____(Provider) all benefits, if any otherwise payable to me for his services as described on the attached forms. I understand that I am financially responsible for all charges incurred. I further acknowledge that any insurance benefits, when received by and paid to _____ (Provider) will be credited to my account, in accordance with the above assignment.

_____ _____

Authorized Signature of Subscriber Date