



ASSIGNMENT OF BENEFITS

I hereby assign to Regional Orthopedic, P.A. all rights and benefits under my insurance contract for payment of services rendered to me.

I authorize all information regarding my benefits under any insurance policy relating to any claim to be released to Regional Orthopedic, PA.

I authorize Regional Orthopedic, PA to file insurance claims lawsuits on my behalf for services rendered which includes demanding arbitration under applicable law. I direct that all such payments go directly to Regional Orthopedic, PA.

I authorize Regional Orthopedic, PA to act on my behalf and report any suspected violation of proper claim practices to the proper regulatory authorities.

The above has been explained to my full satisfaction understand its nature and effect and exercise it voluntarily.

PATIENT SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

For Motor Vehicle Accident Patients:

Auto Insurance Company: _____

Claim Number: _____