

## **ASSIGNMENT OF BENEFITS – FINANCIAL AGREEMENT**

Due to changes in the health care industry, insurance does not always pay for all care. As a courtesy to our patients, we are happy to bill your private insurance company, Medicare, or your workers' compensation carrier on your behalf. Please be aware that your insurance coverage is a contract between you and your insurance provider. We are not a party to that contract. If your injury is a result of an automobile accident, we do not bill auto insurance carriers, but would be happy to bill your private insurance. Please read the following and sign where indicated.

I hereby instruct and direct my insurance company or Medicare to pay by check made out and mailed to:

St. Helena Sports Medicine  
935 Trancas Street  
Suite 4C  
Napa, CA 94558

For the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered.

**This is a direct assignment of my rights and benefits under this policy.**

This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to my insurance company.

\_\_\_\_\_  
Signature of policyholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of claimant if other than policyholder