



**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:

Sports Medicine & Orthopaedics A Medical Corporation  
3435 Valle Verde Drive  
Suite B  
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.

\_\_\_\_\_  
Name of Policyholder

\_\_\_\_\_  
Signature of Patient

OR

\_\_\_\_\_  
Parent / Legal Gaurdian / Authorized Person  
Relationship to Patient: \_\_\_\_\_

\_\_\_\_\_  
Date

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