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## ASSIGNMENT OF BENEFITS FORM

### Consent for Treatment and Financial Responsibility

I have requested medical services from Blue Ridge Speech and Hearing on behalf of myself and/or my dependents, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized. It is my responsibility to present current insurance card and to notify the organization of any changes in my health care coverage. I understand that I will be responsible for paying any co-payments, deductible, and any fees relating to services that are not fully (or at all) covered by my insurance company(ies). I understand that by signing this form I am accepting financial responsibility as explained for all payment for all equipment or services received.

### Assignment of Benefits

I request that payment of authorized insurance benefits, including Medicare, if I am a Medicare beneficiary, be made on my behalf to the organization listed above for any equipment or services provided to me by that organization.

### Release of Billing Information

I authorize the release of any medical or other information necessary to determine these benefits or the benefits payable for related equipment or services to my insurance carrier, or any other medical entity. A copy of this authorization will be sent to my insurance company or other medical entity if requested. The original authorization will be kept on file by the organization.

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Patient/Responsible Party (Written)

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Date

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Patient/Responsible Party (Signature)

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Date