

Cardio Medical and Vein Center

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Internal Medicine | Cardiovascular Medicine | Vascular Ultrasound | Vein care | Invasive Cardiology

ASSIGNMENT OF BENEFITS

I hereby assign Cardio Medical and Vein Center, any insurance or other third party benefits available for healthcare services provided to me. I understand that Cardio Medical and Vein Center has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Cardio Medical and Vein Center, I agree to forward to Cardio Medical and Vein Center all health insurance and other third party payments I receive for services rendered to me immediately upon receipt.

Signature of Patient/Legal Guardian _____

Date: _____