

SURGERY CENTER SOUTH

ASSIGNMENT of Insurance Benefits:

In the event that the undersigned and/or patient is entitled to benefits of any type whatsoever arising out of any insurance policy, worker's compensation or any other party liable to the patient, such benefits are hereby assigned to Surgery Center South for application to the patient's bill. It is agreed that Surgery Center South may receive for such payment and will discharge the said insurance company of all obligations under the policy to the extent of such payment.

The undersigned and/or patient agrees to be responsible for charges not paid by this assignment.

Date _____ 20 _____

X _____
Patient

Patient's Agent or Representative

Relationship to Patient