

6700 BUENOS ARIES
NORTH RICHLAND HILLS, TEXAS 76180
(817) 281-3121 FAX (817) 281-7649

MARK K. HAMMONDS M.D.

ASSIGNMENT OF BENEFITS

I hereby assign to the Physician providing care and treatment to me, any and all benefits and all interest and rights (including causes of action and the right to enforce payment) for services prepaid Healthcare Plan. I acknowledge that any balance not Medicare, Medicaid or Workers' Compensation is my legal Responsibility.

RELEASE OF INFORMATION

I consent and Authorize the physician to release all information contained in my financial and medical records, including diagnosis and test results, to my insurance company or health person or entity that is responsible for paying or processing for payment of any portion of my bill.

PATIENT SIGNATURE

WITNESS SIGNATURE

2000	_____	_____
2001	_____	_____
2002	_____	_____
2003	_____	_____
2004	_____	_____
2005	_____	_____
2006	_____	_____
2007	_____	_____
2008	_____	_____
2009	_____	_____