

Assignment of Benefits

I hereby assign to **Company Care Occupational Clinic** any insurance or other third-party benefits available for health care services provided to me. I understand that **Company Care Occupational Clinic** has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to **Company Care Occupational Clinic**, I agree to forward to **Company Care Occupational Clinic** all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

Signature of Patient/Legal
Guardian: _____

Date: _____