

**HCA Physician Services
Kirkwood Medical Associates
4001 Preston Ave, Suite 100, 110
Pasadena, TX 77505**

Assignment of Benefits

I hereby assign to **HCA, Kirkwood Medical Associates** any insurance other third-party benefits available for health care services provided to me. I understand that **HCA, Kirkwood Medical Associates** has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to **HCA, Kirkwood Medical Associates**, I agree to forward to **HCA, Kirkwood Medical Associates** 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 _____