

# Physicians Medical Center



- 100 North Green Valley Parkway Ste 220 Henderson NV 89074
- 3121 South Maryland Parkway Ste 101 Las Vegas NV 89109
- 3121 South Maryland Parkway Ste 216 Las Vegas NV 89109
- 3150 North Tenaya Way Ste 600 Las Vegas NV 89128
- 3150 North Tenaya Way Ste 620 Las Vegas NV 89128

## ASSIGNMENT OF BENEFITS

I hereby assign all medical benefits, including major medical benefits to which I am entitled, to Physicians Medical Center. This assignment will remain in effect until revoked in writing by me. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by my insurance company.

Beneficiary Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

## RELEASE OF INFORMATION

I authorize any holder of medical information about me to release to my insurance company or its agents any information needed to determine benefits payable for services rendered.

Beneficiary Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_