



## Assignment of Benefits

I \_\_\_\_\_ hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare and other government sponsored programs, private insurance and any other health plan to: **RECOVERY TECHNOLOGY LLC**

I also understand that **I am financially responsible for all charges whether or not paid by said insurances.** This includes deductibles, co-payments, and any charges incurred for services received but not covered by my insurance. I am responsible for finding the exact amount of my payment from my insurance company and paying the amount.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby authorize RECOVERY TECHNOLOGY LLC to release all information necessary to secure payment of said benefits. This allows RECOVERY TECHNOLOGY LLC to bill my insurance company and for the insurance company to send payment/rejection back.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Insurance Information – (Copy of Medicaid or other insurance card required)

Primary Insurance	_____	Secondary Insurance	_____
Policy Group #	_____	Policy Group #	_____
Policy Holder	_____	Policy Holder	_____
Policy Holder's DOB	_____	Policy Holder's DOB	_____
Policy Holder's SSN #	_____	Policy Holder's SSN #	_____
Relationship to Policy Holder	_____	Relationship to Policy Holder	_____

I will apply for Medicaid at this time and I have been provided the information, assistance and paperwork to compete the Medicaid application.

My co-payment amount/percent is: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date