



ASSIGNMENT OF BENEFITS

I hereby assign to Lake Mary Ear, Nose, Throat and Allergy any insurance or other third-party benefits available for health care services provided to me. I understand that Lake Mary Ear, Nose, Throat and Allergy has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Lake Mary Ear, Nose, Throat and Allergy, I agree to forward to Lake Mary Ear, Nose, Throat and Allergy 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: _____