



Assignment of Benefits

To Treasure Valley Rheumatology

I do hereby assign all medical and or surgical benefits to which I am entitled. Including all government and private insurance plans or other payers for service rendered by Treasure Valley Rheumatology, and the medical professional caring for me during my treatment in this office to be paid directly to Treasure Valley Rheumatology. I understand that I am responsible for all charges not paid by insurance. This assignment will remain in effect until revoked in writing by me.

Signature

Date

Printed Name