

### **Assignment of Benefits and Authorization**

While Healthcare Unity Group Inc is waiting for payment for all of the fees, I agree to provide the office with information and forms regarding any source of potential payment, to assist in any way I can, and:

1. I hereby assign Healthcare Unity Group Inc my rights to receive payments from the insurance companies responsible for my claim.
2. I also hereby authorize the direct payment to Healthcare Unity Group Inc of any sum I now or hereafter owe by any insurance company obligated to make payment to me or you based in whole or in part upon the charges made for your services.
3. You are authorized to release any information including the diagnosis and records of any such treatment to any insurance company to process any claims for reimbursement of charges incurred.

**THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS  
UNDER THIS POLICY.**

**If you have applied for the HUG Patient Assistance fund, you will not be billed for any balances or out of pocket costs.**