

**ORTHOPAEDICS UNLIMITED**  
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## ASSIGNMENT OF BENEFITS FORM

I IRREVOCABLY ASSIGN TO ORTHOPEDICS UNLIMITED ALL MY RIGHTS AND BENEFITS UNDER ANY INSURANCE CONTRACTS FOR PAYMENT FOR SERVICES RENDERED TO ME BY ORTHOPEDICS UNLIMITED. I IRREVOCABLY AUTHORIZE ALL INFORMATION REGARDING MY BENEFITS UNDER ANY UNSURANCE POLICY RELATING TO ANY CLAIMS BY ORTHOPEDICS UNLIMITED TO BE RELEASED TO ORTHOPEDICS UNLIMITED. I IRREVOCABLY AUTHORIZE ORTHOPEDICS UNLIMITED TO FILE INSURANCE CLAIMS ON MY BEHALF FOR SERVICES RENDERED TO ME. I IRREVOCABLY DIRECT THAT ALL SUCH PAYMENTS GO DIRECTLY TO ORTHOPEDICS UNLIMITED. I IRREVOCABLY AUTHORIZE ORTHOPEDICS UNLIMITED TO ACT IN MY BEHALF AND REPORT ANY SUSPECTED VIOLATIONS OF IMPROPER CLAIMS PRACTICES TO THE PROPER REGULATORY AUTHORITIES.

THIS ASSIGNMENT OF BENEFITS AHS BEEN EXPLAINED TO MY "FULL SATISFACTION AND I UNDERSTAND ITS NATURE AND EFFECT.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_