



AUTHORIZATION FOR ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

Compass Medical will happily file your claim with your insurance company as a courtesy. Compass Medical bills your insurance in accordance with all federal, state and other contractual requirements. I authorize Compass Medical to release all necessary information to my insurance carrier, and I assign payment of my Medical Benefits to Compass Medical. If your insurance company sends payments directly to you, send or drop-off the payment to Compass Medical Billing and we will apply it to your account.

By signing my name below, I agree to the above information.

Signature of Patient or Responsible Party (see Patient Registration form for Documentation)