

## ASSIGNMENT OF BENEFITS

I, \_\_\_\_\_, hereby assign all medical and/or surgical benefits to which I am entitled, including major medical, Medicare, Medigap, private insurance and any other health plans to Pittsburgh Gastroenterology Associates / South Hills Endoscopy Center in exchange for health services provided. This agreement will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

**Name of patient (or patient's representative)**

**Signature**

**Date**

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