

Assignment of Health Benefits No. _____

The parties appearing below, on the _____ of _____, _____, hereby agree to
(Day) (Month) (Year)
the following conditions, covenants and terms regarding the assignment of health
benefits appearing in Mr./Mrs./Ms. _____ policy issued by
(Your name)

(Name of insurance company)

I, _____, hereafter referred to as "patient", understand and
(Your name)
voluntarily agree to assign all applicable health provisions pertaining to payments or
benefits appearing in my insurance policy with _____ consideration
(Name of insurance company)
for treatment rendered by **Dr. Cody Elledge**, hereafter referred to as "Doctor".

That patient, the policy holder, requests, orders and directs _____
(Name of insurance company)
to pay the doctor directly to his office located at 10403 South Pennsylvania,
Oklahoma City, OK 73159, the sum due Doctor for treatment rendered as a result of
illness/injuries the patient sustained as a result of a motor vehicle accident which
occurred on or about the _____ day of _____,
(If no injury or accident occurred leave blank)

That patient gives Doctor the exclusive right to secure the funds assigned the patient
including the right of securing counsel to represent Doctor in the collecting all sums
due for treatment rendered.

That Doctor and Patient hereby enter into this assignment of benefits freely and
voluntarily and evidenced by the signatures appearing below: that Patient and Doctor
warrant that they have read this assignment of benefits and that each understand the
legal effect of the same, and agree that each shall be bound by the covenants, terms
and conditions herein.

Patient _____ Doctor _____

Date _____ Witness _____