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ASSIGNMENT OF INSURANCE BENEFITS

ASSIGNMENT OF BENEFITS: I am receiving medical care and services by the physicians of The Arrhythmia Institute. In exchange for that care and treatment, I give and assign to one or more of the System Providers, as appropriate, the right to receive payment directly for all insurance and other health benefits to which I am entitled, and/or which may be payable on my behalf. I understand that this is called "assignment of benefits" and that the System Providers may be called my "assignees". This assignment shall not be for more than the physicians' charges. I understand that I may be required to pay for charges that others do not pay on my behalf under this assignment. I agree that the System Providers can sue anyone in their own names as my assignee and get payment for charges resulting from my medical care. This amount may include charges on the bill for my care and lawyer's fees resulting from collection efforts.

MEDICARE BENEFITS: I request that payment of Medicare benefits be made on my behalf to one or more of the System Providers for any medical services, care or treatment any of them may provide to me. I authorize the System Providers and their agents to give the Centers for Medicare and Medicaid Services and it agents any medical information about me (or the person I signed for) needed to determine these benefits payable for related services. I have provided accurate information about Medicare secondary payers.

Patient Name   Date of Birth   Date

Patient Signature

Patient's spouse, parent, child or other responsible party, individually and as agent for patient

Relationship to Patient