

**TO WHOM IT MAY CONCERN:**

**I HAVE BEEN MADE AWARE THAT GOLDEN ORTHOPAEDIC KNEE AND SPORTS MEDICINE CENTER DOES NOT HONOR USUAL AND CUSTOMARY RATE CUTS MADE BY AUTOMOBILE INSURANCE CARRIER.**

**THE CENTER WILL FILE MY AUTOMOBILE INSURANCE AS A COURTESY AND APPLY THE PAYMENTS DIRECTLY TO MY ACCOUNT. I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE OF MY ACCOUNT, WHICH MAYBE PAID BY MY HEALTH INSURANCE OR SETTLEMENT AT THE END OF MY CASE.**

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

**Proposed Additions to Assignment of Benefits**

I \_\_\_\_\_ hereby **irrevocably assign my right and benefits under my insurance policy with \_\_\_\_\_, including the right to file suit against the above-referenced insurance carrier** to Golden Orthopaedic Knee and Sports Medicine Center for expenses incurred for services rendered by the medical staff of Golden Orthopaedic Knee and Sports Medicine Center.

**SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**