

Assignment of Benefits, Authorization and Financial Statement

I hereby authorize payment directly to Fertility and Surgical Associates of California of the surgical and/or medical benefits, if any, otherwise payable to me for the services as described on the attached claim.

I hereby authorize Fertility and Surgical Associates of California to release any medical information during the course of my examination and treatment to my insurance company, pharmacy, or laboratory as necessary.

I realize that I am responsible for payment in full of the charges on my account for services rendered to me by Fertility and Surgical Associates of California.

By signing this agreement, I acknowledge that I have read, understand and agree to the terms of the above policy in its entirety.

Date: _____

Signature of Patient (or Legal Guardian)

Printed Name