**MT AUBURN URGENT CARE**

Assignment of Benefits

 I hereby assign to Mt Auburn Urgent Care any insurance or other third-party benefits available for health care services provided to me. I understand that Mt Auburn Urgent Care has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Mt Auburn Urgent Care, I agree to forward the Center all health insurance and other third-party payments I receive for services rendered to me immediately upon receipt.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Patient/Legal Guardian Date