

ASSIGNMENT FOR INSURANCE PURPOSES

I ASSIGN TO ***THE AUDIOLOGY CENTER*** ALL ASSIGNMENT FOR SERVICE RENDERED TO ME OR TO MY DEPENDENTS. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY ASSIGNED INSURANCE. I UNDERSTAND THAT PAYMENT IS EXPECTED AT TIME OF SERVICE UNLESS PRIOR ARRANGEMENTS ARE MADE. I UNDERSTAND THE RIGHT OF ***THE AUDIOLOGY CENTER*** TO DENY MY DEPENDENT OR ME SERVICE AT ANY TIME DUE TO DELINQUENCY OF PAYMENTS.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_