

# Florida Medical Pain Management, LLC

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**Patient Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

## ASSIGNMENT OF BENEFITS

For treatment provided and other goods and valuable consideration,

I, \_\_\_\_\_,  
(Hereinafter Patient) hereby assign all rights and benefits that PATIENT has under any group health, HMO plan, individual health, PIP, disability or any other health or medical insurance policy or reimbursement plan that may pay benefits for services and treatment that PATIENT has received or will receive.

This assignment includes but is not limited to, all rights to collect benefits directly from PATIENT'S insurance company or HMO for services and treatment that PATIENT has received and all rights to proceed against PATIENT'S insurance company or HMO in any action including legal suit if for any reason PATIENT'S insurance company or HMO fails to make payments of benefits to which PATIENT is due. This assignment also includes the right to recover attorney's fees and cost for such action brought by the provider as PATIENT'S assignee.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Policyholder**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Signature If Other Than Policyholder**