



## NOOKSACK HEALTH CLINIC

2510 Sulwhanon Drive, Everson, WA 98247

Ph: (360) 966-2106 Fx: (360) 966-2304

### ASSIGNMENT OF BENEFITS FORM

I hereby assign all medical and surgical benefits, to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance, and any other health/medical plan, to issue payment check(s) directly to Nooksack Indian Tribe for medical services rendered to myself and or my dependents regardless of my insurance benefits, if any. Should I receive any payments meant for Nooksack Health Clinic, it will be turned into clinic immediately.

### AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Nooksack Health Clinic to: (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated in the course of examination and treatment; and (3) allow a photocopy of my signature to be used to process insurance claims. This order will remain in effect until revoked by me in writing.

I have requested medical services from the Nooksack Health Center on behalf of myself and/or dependent, and understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of the treatment authorized.

If I am a direct only patient, I understand I will be obligated to pay for any services not paid for by my insurance. I accept financial responsibility to Nooksack Health Clinic for 100% of charges. I understand that I may personally be responsible for financial costs in accordance with Nooksack Health Clinic Policies and Procedures.

**A photocopy of this assignment is to be considered as valid as the original.**

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NHC Employee

\_\_\_\_\_  
Date