



CORPUS CHRISTI BIRTH CENTER

Assignment of Insurance Benefits

I, the undersigned, do hereby authorize the release of any information relating to all claims for benefits submitted on behalf of myself and/or my dependents. I further expressly agree and acknowledge that my signature on this document authorizes the Corpus Christi Birth Center and the midwives who work there to submit claims for benefits, for services to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or my dependents, and that I be bound by this signature as though I, the undersigned, had personally signed the particular claim.

I _____ do hereby authorize

(Name of Insured)

_____ to pay directly to

(Name of Insurance Company)

Corpus Christi Birth Center, PLLC all benefits, if any, otherwise payable to me for midwife or birth center services as described on the attached forms, I also understand I am financially responsible for all charges incurred. I further acknowledge that any insurance benefits, when received by and paid to Corpus Christi Birth Center, PLLC will be credited to my account, in accordance with the above assignment. In the event my current policy prohibits direct payment to my care-giver, I hereby instruct and direct the insurance company to make out the payment to me and mail it in care of:

Corpus Christi Birth Center, PLLC
939 Ayers Street
Corpus Christi, TX 78404

I also authorize Corpus Christi Birth Center, PLLC to file a complaint to the Insurance Commissioner on my behalf for any reason.

_____ Date _____

(Authorized Signature of Policy Holder)