



## Acknowledgment –Receipt of Financial Policy and Consent for Disclosure

**ASSIGNMENT:**

**I HAVE READ AIRE MEDICAL GROUP, INC.'S FINANCIAL POLICY AND CONSENT TO ITS TERMS. I AUTHORIZE MY INSURANCE BENEFITS TO BE DIRECTLY PAID TO AIRE MEDICAL GROUP, INC. FURTHER, I AUTHORIZE THE RELEASE OF ANY INFORMATION REQUIRED TO PROCESS ANY INSURANCE CLAIM AND/OR CARRY OUT TREATMENT.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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