



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: _____