



LOCKHART PRIMARY CARE

Assignment of Benefits & Release of Information

I hereby assign and transfer to Lockhart Primary Care all of my rights to medical reimbursement benefits under my insurance policy.

I authorize the release of any medical information obtained and documented by Lockhart Primary Care during my course of treatment to the following:

- A medical facility to continue my course of care
- My insurance carrier
- My legal representative
- Upon my request
- Pharmacies
- Family members named below:

1. _____
2. _____
3. _____

I have read and fully understand the above statements. I am sound of mind and body and legally able to enter into this agreement.

Signature

Date