



605 South Trimble Road, Suite D Mansfield, Ohio 44906
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WWW.LifeStepsinc.com

Assignment of Benefits

I hereby assign all medical benefits, including private insurance, Medicare, and any other health care plans to: Life Steps, Inc.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges even if the charges are not paid by said insurance.

I hereby authorize said assignee to release all information necessary to secure payment.

SIGNED: _____

DATE: _____