

REES STEPHENS, INC
BEACH PEDIATRICS
17742 Beach Boulevard, Suite 360
Huntington Beach, CA 92647
Office (714) 848-0868
Fax (714) 848-2248

ASSIGNMENT OF BENEFITS TO PAY PHYSICIANS

ASSIGNABLE BENEFITS: The insurance company is hereby authorized per the attached claim and fee statement to pay directly to the above named medical corporation, the medical, surgical, laboratory and x-ray benefits payable under my policy and is directed to pay all such amounts directly to said corporation.

NON-ASSIGNABLE BENEFITS: If by the terms of my policy and payment must be made only to me, you are directed to make such payment payable to REES STEPHENS, INC.

Photo copy: A copy of this assignment shall be valid as the original.

Signed: _____

Date: _____