

Assignment of Benefits and Release Authorization

I hereby authorize my insurance company, including Medicare if I am a Medicare Beneficiary, to make payments to RETRAC Enterprises INC for medical or surgical services or items rendered to me or my dependent by RETRAC Enterprises INC.

Should my insurance carrier deny RETRAC Enterprises INC payment, I understand that I am financially responsible for the charges.

I authorize RETRAC Enterprises INC to release all of my records to my insurer, or any other third-party payer, legally responsible for the payment of medical expenses.

I certify that the information provided or to be provided by me is correct and complete to the best of my knowledge. It is my responsibility to update all personal, insurance and health information.