

**Mainland Surgical Associates**

**Assignment of Benefits**

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I hereby assign to Mainland Surgical Associates any insurance or other third-party benefits available for health care services provided to me. I understand that Mainland Surgical Associates has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Mainland Surgical Associates, I agree to forward to Mainland Surgical Associates all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

Signature of Patient/Legal  
Guardian: \_\_\_\_\_

Date: \_\_\_\_\_