

Assignment of benefits form for

Patient Name: _____

I, _____, Contract # _____, ID # _____,
give authorization to **The Eastern Prosthetic Clinic/ Clinique des Prothèses de l'Est** to bill and receive payment for _____ provided prosthetic
treatment dated _____, as I am financially unable to at this time.

Please Send Payment To:

(Do not send payment to patient)

The Eastern Prosthetic Clinic
555 Edinburgh Drive, Unit 13
Moncton, NB
E1E 4E3

Signed _____

Date _____