



Dr. Samuel Davis, MD

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Assignment of Benefits

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

Signature of Patient/Legal Guardian

Relationship

Name of Patient

Date: