



SPIRIT LAKE HEALTH CENTER

Po Box 309 3883 74TH Ave NE Ft. Totten, ND 58335

Ph: 701.766.1600

Chart No.

Authorization to Furnish Information and Assignment of Benefits

I, authorize the Spirit Lake Health Center (SLHC) to disclose my patient health information to insurance companies, worker's compensation carriers, other payers and associated service providers (including service providers assisting to determine coverage) as necessary to facilitate payment for services provided to me.

I, hereby assign to the Spirit Lake Health Center such insurance or other health coverage benefits (if any) that I may have pertaining to payment for medical services and supplies furnished to me by the Spirit Lake Tribe or SLHC. I understand that this assignment covers/applies to all medical services and supplies furnished to me during any visit, unless I so state otherwise in writing.

Patient Signature

Date

Parent Signature (minor)

Date