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**ASSIGNMENT OF BENEFITS**

*I hereby authorize assignment and payment directly to Dr. Joe Wheeler, M.D., P.A. major medical benefits due me.*

*Where not under contractual agreement, I hereby agree to pay any and all charges that exceed or that are not covered by my insurance company.*

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*Signature (patient or legal representative)*

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*Relationship to patient*

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*Witness*

*We request payment for office services and visits at the time the service is rendered.*