

ASSIGNMENT OF BENEFITS and MEDICAL RELEASE

ASSIGNMENT OF BENEFITS

I, _____, hereinafter ASSIGNOR, hereby authorize
(Name of insured patient)

_____ to pay directly to Smardz Corporation .
(Name of Insurance Carrier) (Name of Medical Provider)

hereinafter ASSIGNEE, the medical benefits otherwise payable to me for their service, but not to exceed the charges of those services. I hereby ASSIGN to ASSIGNEE any benefits or causes of action under any policy of insurance, indemnity agreement, or any other collateral source as defined in Florida Statutes for any service and or charges provided by ASSIGNEE. This ASSIGNMENT OF BENEFITS is given in exchange for ASSIGNEE agreeing to await payment from the above named insurance carrier for all payments due and payable pursuant to the ASSIGNOR'S contract of insurance. This ASSIGNMENT OF BENEFITS is IRREVOCABLE unless subsequent revocation is in writing and agreed to by both parties.

MEDICAL RELEASE

This document shall be sufficient to authorize any person having records of medical treatment, services, or supplies pertaining to me, to release true copies of same to ASSIGNEE or any insurer providing coverage to me in connection with the processing of any claim for benefits made by me or by the ASSIGNEE herein. A photocopy of this document shall be as binding as an original signature page.

The undersigned ASSIGNOR by these presents does give and grant the said ASSIGNEE as attorney the full power and authority to do and perform all and every act whatsoever requisite and necessary to be done in and about the premises as fully to all intents and purposes as the ASSIGNOR might or could personally present insofar as the endorsing and cashing of said checks are concerned as well as any other document.

IN WITNESS WHEREOF the undersigned ASSIGNOR and ASSIGNEE have hereunto set their hands, this _____ day of _____, 20__.

Patient's Signature (ASSIGNOR)

Authorized Representative of ASSIGNEE
(Smardz Corporation)

Patient's Name (Please Print Clearly)