**Anodyne Inc**.
6024 Blue Circle Drive
Minnetonka, MN 55343
www.anodynerehab.com
**Telephone:** 952-546-5334
**Fax:** 952-546-2657

## RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

I hereby represent that I have Insurance Coverage and do hereby authorize my carrier to pay and assign directly to ANODYNE, INC. all benefits otherwise payable to me for the services rendered.

I hereby authorize ANODYNE, INC. to obtain and release all medical information necessary to process and secure payment of said benefits. <u>If my insurance fails to pay ANODYNE, INC, I agree to pay all unpaid balances and 1.5% interest per month.</u> If litigation is instituted to collect any unpaid balance, I agree to pay all cost of collection including reasonable attorney's fee incurred by Anodyne Inc.

I understand that the equipment and/or supplies provided to me are for my convenience and are provided without qualifications or endorsements of any kind.

Patient Name: ______________________________ Phone: ______________________

Address: _________________________________________________________________

City, State, Zip Code: _____________________________________________________

Social Security #____________________ Date of Birth__________________________

Insurance Carrier: ___________________________________________

Address: _________________________________________________________________

City, State, Zip Code: ___________________________________ Phone: ____________

ID Policy/Claim #: ___________________________________________________

Group #/Contact: __________________________________________________________

Prescribing Physician: ______________________________________

Phone #: ______________________________ DX: ______________________________

Items:

1. ________________________________________ 2. __________________________________

3. ________________________________________ 4. __________________________________

5. ________________________________________ 6. __________________________________

*Patient/Authorized Signature:* ______________________________ *Date* ___________

**Duplication is not permitted without prior authorization from Anodyne, Inc.**