

ASSIGNMENT *of* INSURANCE BENEFITS

I hereby assign all medical and /or surgical benefits to include major medical benefits, to which I am entitled, private insurance and other health plans to Napa Pain Institute / Eric J. Grigsby, MD / Dennis Yun, MD / Jason Pope, MD.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

This serves as our patient notification that Eric Grigsby, MD is the owner of Napa Surgery Center.

Napa Pain Institute participates in developments of pain treatments by participating in research studies. I give permission to Napa Pain Institute to contact me about research studies relating to my condition.

Signature: Date:

Name: