



Beaver Dam
Women's Health, LTD

ASSIGNMENT AND RELEASE: I hereby authorize Beaver Dam Women's Health, Ltd. to release to my insurance carrier or its representatives any information including the diagnosis and records related to any treatment or examination rendered to me during the period of such Medical or Surgical care. I also authorize and request your company to pay directly to Beaver Dam Women's Health, Ltd. the amount due for basic medical, major medical and/or surgical treatment. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature of Insured/Guardian

Date