



301 Highway 65 South
Mora, MN 55051
320-679-1212

ASSIGNMENT OF BENEFITS FORM

Assignment of Benefits: I request payment of authorized benefits directly to the provider for services furnished to me at this facility or any other facility owned or operated by Welia Health, including physician services, or by any provider under contract with Welia Health or participating in a provider network in which Welia Health or its affiliates participate.

Important Information for Patients: I received the material initialed below:

_____ Notice of Privacy Practices (unless received during previous visit)

Signature of Patient, or if Patient is unable to sign,
a Representative of the Patient

Date/Time

Relationship to patient (if patient is unable to sign)

Reason Patient Unable to Sign

Guaranteed and Agreement to Pay:

NOTICE: Emergency patients are entitled to receive a medical screening examination and the necessary stabilizing treatment even if the patient (or responsible person) does not sign below.

I agree to pay the charges for the care and treatment rendered to me not covered by my insurance plan, or in the absence of insurance coverage (or, if signed by someone other than the patient, to guarantee payment for the care and treatment rendered to the patient named on this document).

Patient, Legal Representative or Guarantor Signature

Date/Time

Directed by Patient to sign on their behalf (having read this document to them)

Welia Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex.

Spanish: ATENCION: si habia españo, vere a su dispositiòn servicios gratuitos de asistencia inguistica. Llama al 1-877-508-4595

Hmong: LUS CEEV Yogtias koj hais lus Hmoob cov kev pab lus, muaj kev pad dawt rau koj Hu rau 1-877-508-4595