



## ASSIGNMENT / RELEASE OF INSURANCE BENEFITS

I, \_\_\_\_\_, the legal parent or guardian ("Sponsor") (or the Student, if 18), of \_\_\_\_\_ ("Student"), hereby authorize Aurora Center For Healing Residential Treatment Center ("Aurora Center For Healing"), to furnish my designated insurance carrier all information regarding the current medical condition, illness or injury of the Student. I further authorize benefits under this claim to be made payable directly to Aurora Center For Healing. I understand that I am financially responsible to Aurora Center For Healing for any charges not covered by this authorization or my insurance policy.

|                                  |  |
|----------------------------------|--|
| <b>STUDENT SNN</b>               |  |
| <b>PRIMARY INSURANCE</b>         |  |
| <b>INSURED'S NAME</b>            |  |
| <b>INSURED'S SSN</b>             |  |
| <b>INSURED'S DOB</b>             |  |
| <b>EMPLOYER NAME AND ADDRESS</b> |  |
| <b>GROUP / POLICY #</b>          |  |
| <b>PHONE NUMBER (INSURANCE)</b>  |  |
| <b>SECONDARY INSURANCE</b>       |  |
| <b>INSURED'S NAME</b>            |  |
| <b>GROUP / POLICY #</b>          |  |
| <b>PHONE NUMBER (INSURANCE)</b>  |  |
| <b>INSURED'S SSN</b>             |  |
| <b>INSURED'S DOB</b>             |  |
| <b>EMPLOYER NAME AND ADDRESS</b> |  |

**Sponsor Credit Card (to be used for payment of any and all medical copayments, balances not paid for by insurance coverage, pharmacy prescriptions, medical supplies and equipment as noted above in this section).**

|                                          |                                                                   |
|------------------------------------------|-------------------------------------------------------------------|
| <b>CREDIT CARD TYPE:</b>                 | <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD |
| <b>NAME ON CREDIT CARD</b>               |                                                                   |
| <b>CREDIT CARD NUMBER</b>                |                                                                   |
| <b>SECURITY CODE</b>                     |                                                                   |
| <b>EXPIRATION DATE</b>                   |                                                                   |
| <b>CARD BILLING ADDRESS AND ZIP CODE</b> |                                                                   |

Signed and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Sponsor Signature (Father/Guardian):

\_\_\_\_\_

Sponsor Signature (Mother/Guardian):

\_\_\_\_\_

\_\_\_\_/\_\_\_\_ Initials