4/29/25, 3:57 PM Printed on 4/29/2025



Assignment of Benefits

Patient Name: Account #:	DOB (age):
Insurance:	
	rectly to Texas Digestive Disease Consultants all ontract with my insurance company(ies). I will pay insurance company(ies).
Reviewed with: Relationship to Patient:	
Signature	<u> </u>

General Business