

**University of Virginia Physicians Group (UPG) And University of Virginia Health System
Long Term Signature Agreement**

(Please print)

Last Name

First Name

Initial

UVa Medical Record

Assignment of Benefits/Release of Information: In the event I am entitled to insurance benefits, Medicare benefits, or any other recovery, I hereby assign the benefits of my insurance policy, Medicare or other recovery to the University of Virginia Medical Center (the "Medical Center"), the University of Virginia Transitional Care Hospital (the "TCH") and the University of Virginia Physicians Group (the "Physicians Group"), to pay for care provided, including physician services, and authorize direct payment to them of such benefits or recovery. If applicable, I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct.

I authorize the Medical Center, the TCH and the Physicians Group to release to the Centers for Medicare and Medicaid Services and/or to my health insurance company any and all information needed in order to consider payment of my claim for services rendered or as otherwise requested by them.

Financial Statement: In consideration of services furnished or to be furnished, I guarantee payment to the Medical Center, the TCH and the Physicians Group of all outstanding balances incurred or to be incurred including those not paid by any third party source. If payment is not made when due, I agree to pay all reasonable costs and expenses related to collection of any outstanding balances, including but not limited to reasonable attorneys' fees.

Signature of Patient or Legal Representative

Relationship of Representative to Patient

Date