



## ASSIGNMENT OF BENEFITS TO PROVIDER

\_\_\_\_\_  
SERVICE RECIPIENT (PATIENT)

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
INSURANCE PROVIDER

### PLAN MEMBER INFORMATION (DETAILS FROM INSURANCE CARD OR PLAN)

\_\_\_\_\_  
PLAN/CERTIFICATE/FIRM/GROUP NUMBERS

\_\_\_\_\_  
PLAN MEMBER NAME

\_\_\_\_\_  
PLAN MEMBER BIRTH DATE

### PROVIDER INFORMATION (FILLED OUT BY MEDIGAS)

Medigas Manitoba Limited: 150 McPhillips Street, Winnipeg, MB R3E 2J9

\_\_\_\_\_  
PROVIDER SIGNATURE (OR STAMP)

\_\_\_\_\_  
DATE

### PATIENT AUTHORIZATION

I, \_\_\_\_\_ hereby assign my benefits payable from this claim directly to Medigas Manitoba Limited for medical equipment and supplies provided. I understand that I am financially responsible to the provider for the entire cost associated with this claim.

I authorize Medigas, its employees and authorized agents to share my personal information with my insurance provider.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

150 McPhillips Street, Winnipeg, MB R3E 2J9

**MEDIGAS MANITOBA LIMITED:** Toll Free: 1.855.766.7388 Phone: 204.786.2727 Fax: 204.786.1972 Website: [innovairgroup.com](http://innovairgroup.com)  
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