



Assignment of Benefits to Provider

Plan Member Information

Plan Number _____ Identification Number _____
Name _____ Date of Birth _____
Address _____ City/Town _____
Province _____ Postal Code _____
Telephone Number _____

Provider Information

Medigas Manitoba Limited
150 McPhillips Street
Winnipeg, MB R3E2J9
Telephone Number 204.786.4719

Provider Signature (or stamp) _____ Date _____

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.

Plan Member Signature _____ Date _____

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