

I, _____, authorize _____
to assign benefits to the following facility of service:

Name: _____ **c/o The Pure Escape** Assoc. #: _____

Name: _____ **c/o The Pure Escape** Assoc. #: _____

Address: 102 - 698 Corydon Ave. City: Winnipeg Prov: Manitoba Postal Code: R3M 0X9

I understand that the charges listed may not be covered by or may exceed my policy benefits. I understand that I am financially responsible to the above facility for the cost of treatment.

Signature:  _____ Date: _____