Simpson Medical Equipment Inc.
4017 W Highway 70, Durant, OK 74701-4591, USA
Phone: +1 (208) 783-9802 Fax: +1 (208) 783-9803 Email: info@smequip.com

Assignment of Benefits (AOB)

Please print clearly. If you have questions, call our office during business hours.

Patient Name _____

Insurance Provider _____

Member/Policy ID _____

Group Number (if applicable) _____

Authorization

I hereby authorize payment of medical benefits to Simpson Medical Equipment Inc. for equipment and services provided. I also authorize release of any medical information necessary to process my claim and to verify benefits. This assignment will remain in effect until revoked in writing.

Patient/Authorized Representative Signature _____ **Date** _____