

# Assignment of Benefits

I \_\_\_\_\_ herby assign any benefits payable for eligible services to the provider:

*Touch Works London*

637 Wellington Street N.  
London, ON N6A 3R8  
519.679.4994  
info@touchworkslondon.com

I understand that should my Insurance not pay the above provider that I am solely responsible for payment of any outstanding amounts.

X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
PLAN MEMBER SIGNATURE D M Y