

**VAVA CLINIC**  
8855 Immokalee Road, Unit 3  
Naples, FL 34120  
(239) 331-8520 • Fax: (239) 331-8564

**Assignment of Benefits/Authorization to Release  
Information/Financial Responsibility**

I hereby assign all medical benefits that include major medical benefits to which I am entitled, including but not limiting to Medicare, Medicaid, Private Insurance and any other health plan to Dr. Vava Y. Nyanudor, M.D. and VAVA Clinic.

This order will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered as valid as the original. I understand that I am financially responsible for all the charges whether or not paid by said insurance. I hereby authorize said assignment to release all information necessary to secure payment.

I, \_\_\_\_\_, the guarantor named above, agree to personally and fully responsible for the payment of any and all medical services, not covered by a federal, state or commercial insurance or benefit program, that are provided by VAVA Clinic to the above named individuals (including myself).

I understand that I am personally and fully responsible for the payment of all applicable co-payments and deductible. I understand that all applicable payments are due at the time of service.

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date