

# Mark B. Schoemann, M.D.

DIPLOMATE, AMERICAN BOARD OF PLASTIC SURGERY

## ASSIGNMENT AND AGREEMENT

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled including Medicare and other government sponsored programs, private insurance and any other health plans to: Mark B. Schoemann, M.D. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits.

I further agree to pay all charges of Mark B. Schoemann, M.D., not paid by insurance in consideration for medical and/or surgical benefits provided.

If any litigation or arbitration is commenced between the parties hereto or their personal representative concerning any matter relating to this entitled, in addition to any other relief that may be granted, to a reasonable sum for their attorney's fees. The amount of attorney's fees awarded shall be detraigned by the court or arbitrator in such litigation or in a separate action for that purpose.

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Printed Patient Name

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Signature of Patient/Date