



Boulder Therapeutics, Inc.
1800 30th Street, #215
Boulder, CO 80301
303-444-1171 phone
(303) 258-7425 fax

ASSIGNMENT OF BENEFITS

PATIENT: _____

CLAIM NUMBER: _____

SOCIAL SECURITY NUMBER: _____

I hereby instruct and direct _____ Insurance Company to pay by check made out and mailed to:

BOULDER THERAPEUTICS, INC
1800 30TH STREET, #215
BOULDER, CO 80301

For the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment. A photocopy of this Assignment shall be considered as effective and valid as the original.

Dated this _____ day of _____, 20_____.

Signature of policyholder

Witness

Signature of Claimant, if other than Policyholder

BOULDER

BROOMFIELD