MEDICAL RELEASE

A photocopy of this document shall be sufficient to authorize any person having medical records of any and all treatment, services, or supplies pertaining to me to be released. A true copy of this information may be furnished to PRC ASSOCIATES, LLC or any insurer providing coverage to me, in connection with any attempt to process any claims for benefits made by me or by the assignee herein. A photocopy of this document shall be as binding as an original signature page.

ASSIGNMENT OF BENEFITS

I, hereby authorize to provide Dawn Test hereby authorized medical benefit payments to PRC ASSOCIATES, LLC for medical services rendered, payment shall not exceed the charges of those services, payable to and mailed directly to:

Patient Signature:

Patient Name:Dawn Test