



N.B. Pipe Trades Administration Office

P.O. Box 910, Station A

Fredericton, N.B. E3B 5B4

Phone 506-459-6040 Fax 506-458-1257

PATIENT ASSIGNMENT OF BENEFIT & CONSENT FORM

NAME OF PROVIDER: _____

PROVIDER ADDRESS: _____

Patient Name		Relationship to Member
Member's Name	Policy #	Certificate #
	165578	

I hereby assign my benefits payable from the services received by the above named registered and/or licensed health care provider/practitioner and authorize payment directly to him/her.

I authorize the above named provider to submit and disclose personal information concerning any claim submitted on my behalf with NB Pipe Trades and/or NexgenRX only when the information is necessary to adjudicate this benefit claim. Information may be used for purposes of payment, accuracy and audit.

Signature of Member/Patient: _____ Date: _____