

**Bliss Speech and Hearing Services, Inc.**  
**12700 Hillcrest Road, Suite 207 · Dallas, TX 75230-2068**  
**Phone: (972) 387-2824 · FAX: (972) 387-9097 · www.blisspeech.com**

**ASSIGNMENT OF BENEFITS**

By the execution hereof, the undersigned authorizes payment of medical benefits to Bliss Speech and Hearing Services, Inc. I also authorize the release of any information necessary to process any claims.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
SUBSCRIBERS/PARENT SIGNATURE

\_\_\_\_\_  
TODAY DATE

\_\_\_\_\_  
PATIENT ADDRESS

\_\_\_\_\_  
CITY STATE ZIP