

CONSENT TO BILL AND ASSIGNMENT OF BENEFITS

You authorize CDR Health Care Inc., and its subsidiaries and affiliates (herein “CDR”), to file a claim with your insurance carrier for services rendered. Additionally, you authorize and assign the payment of benefits for services rendered to you or your dependent, directly to CDR. In event you receive payment directly, you agree to endorse the payment to CDR and send to ATTN: CDR Health Care, Inc. at 11740 SW 80 Street, Miami, FL 33183,