

**UNIVERSITY OF VIRGINIA HEALTH SERVICES FOUNDATION
AND
UNIVERSITY OF VIRGINIA MEDICAL CENTER
LONG TERM SIGNATURE AGREEMENT**

(Please Print)

(Last) (First) (Initial) UVA History Number

Health Insurance Number
(Medicare Only)

I hereby assign the benefits of my insurance policy to the University of Virginia Medical Center (the "Medical Center") and the University of Virginia Health Services Foundation (the "Foundation"), as appropriate, I understand that I am responsible for all charges that are not paid by that policy. I authorize the Medical Center and the Foundation to release to the Health Care Financing Administration and/or to my insurance company any and all information needed in order to consider payment of my claim for services rendered or otherwise requested by my insurance company. (The term "insurance" refers to any and all types of insurance which may be available to pay for services rendered, including, but no limited to, Medicare and CHAMPUS.)

I understand that this assignment and authorization will remain in effect indefinitely or until such time that I give written notice to the contrary.

Date

Signature

UPJ--301743/HSPA3