



ASSIGNMENT OF BENEFITS

Policyholder Name _____ Policy # _____

I, _____ (*print Policyholder's name*), authorize and request Penn Treaty Network America Insurance Company (Penn Treaty Network America Life Insurance Company in California), and/or American Network Insurance Company (individually and collectively referred to as "Penn Treaty") to pay directly to the service provider named below (the "Provider"), any amount(s) due me under the above-referenced insurance policy(ies) (the "Policy(ies)") as a result of care or services rendered or provided to or for me by the Provider (the "Assignment"). I understand that benefits due, if any, will be paid in accordance with and subject to all terms and conditions of said Policy(ies).

Service Provider Information

This section MUST be fully completed – Please get this information from your service provider.

Service Provider's Name	Service Provider's Address & Telephone Number	Service Provider's Tax Identification Number

I understand that this Assignment shall be effective as of the date I sign this form but it will apply only to those amount(s) due me under the Policy(ies) that have not yet been paid by Penn Treaty as of the date Penn Treaty receives and processes this Assignment, regardless of the dates of service involved. I further understand that any payment made by Penn Treaty to the Provider in accordance with this Assignment does not relieve me of my payment obligation(s) to the Provider, nor does this Assignment create any contractual relationship between Penn Treaty and the Provider. I understand that I am solely responsible for the payment of the Provider's charges and that I may receive amount(s) due me under the Policy(ies) even after my execution of this Assignment. I agree to indemnify and hold Penn Treaty harmless for any amounts paid directly to me under the Policy(ies) following Penn Treaty's receipt of this Assignment. I further understand that the Provider's charges may exceed the amount(s) due me under the Policy(ies) and that I am solely responsible to the Provider for such excess charges.

(continued on reverse)

Penn Treaty Network America Insurance Company (In Liquidation)
(Penn Treaty Network America Life Insurance Company in California)
American Network Insurance Company (In Liquidation)

PO Box 7066 :: Allentown, PA 18105-7066

Policyholder: _____

Policy number: _____

This Assignment may be revoked by me or my legal representative by sending written notice to Penn Treaty, ATTN Claims Department, PO Box 7066, Allentown, PA 18105-7066. Such revocation shall be effective only after its receipt has been recorded by Penn Treaty, and shall apply only to payments issued after the revocation effective date, regardless of the date(s) on which covered care or services were rendered or provided, or the charges thereof were incurred.

Signature of Policyholder
or Policyholder's personal/legal representative*

Date

NOTE: Please remind your service provider to complete Form W-9 and return it to Penn Treaty.

The service provider must sign below:

I accept the direct assignment of benefits and understand that I may receive a Form 1099 from Penn Treaty.

Service Provider's Signature

Date

***If this Assignment is signed by Policyholder's personal/legal representative,
please complete the following and attach copy of legal document if not already on file.**

Personal/legal representative name _____

Relationship to policyholder _____

Basis for representation (check one):

Power of Attorney Guardian Other: _____