



23700 Mercantile Rd • Beachwood, OH 44122 • Phone: (216) 831-0600 or (800) 338-5045
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ASSIGNMENT OF BENEFITS

I hereby authorize my insurance carrier to direct payments of medical benefits to:

**NATIONAL BIOLOGICAL CORPORATION
23700 MERCANTILE RD
BEACHWOOD OH 44122
NPI #1396891495
FEDERAL TAX ID #34-1025242**

NAME:

Print

Signature

DATE: _____

ID #: _____

Please remit this signed document to the above address. Thank you.