



Physicians
Mutual®

Insurance for all of us.®

Physicians Mutual Insurance Company
Claim Services
PO Box 2018
Omaha, NE 68103-2018
Fax: 1-402-633-1020
provider.physiciansmutual.com

Assignment of Benefits

Date _____

Policy Number _____

I, _____, authorize payment of benefits to this Provider of Services:

Provider Name _____

Provider Address _____

City

State

ZIP

Provider Phone Number _____

Provider Social Security Number/Tax ID Number _____

X

Policyowner's/Power of Attorney's Signature