

# RECEIPT AND RELEASE MEDICAL PAYMENTS COVERAGE

In consideration of the payment to me or on my behalf, the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

by \_\_\_\_\_, hereinafter called the company, the receipt of which is hereby acknowledged, I forever and fully release and discharge the company, its assignees and successors, from any and all liability whatsoever under the Medical Payments Coverage which was issued to \_\_\_\_\_

under policy number \_\_\_\_\_ by the company, from an accident which occurred on or about \_\_\_\_\_ and resulted in injuries to my person.

## WITNESS(ES):

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Claim Number

## SIGNATURE(S):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## NOTARY:

State of \_\_\_\_\_; County of \_\_\_\_\_; SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_

\_\_\_\_\_  
who is known to be the person(s) named herein and who voluntarily executed this release.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Commission Expires