



## TERMS OF SUBROGATION

In the event that the third party involved covers the expenses incurred as a result of this injury. I agree to assign to Medical Network the right to recover the reasonable value of any benefits provided directly by Medical Network and the actual costs paid by the plan under this Agreement for injuries, ailments and diseases caused by the third party.

\_\_\_\_\_  
Subscriber

\_\_\_\_\_  
Date

Return to: Medical Network  
P.O. Box 828  
Colorado Springs, CO 80901  
Phone: (719) 365-5025