

Assignment of Benefits

I authorize the release of any medical or other information necessary to process my claims. I also request payment of government benefits either to myself or to the party who accepts assignments below, provided by Ross Chiropractic Clinic.

I authorize payment of medical benefits to the undersigned physician or supplier for the appropriate medical services. The undersigned patient hereby assigns the rights and benefits of insurance under applicable Insurance Policy _____ for any services and or charges.

PLEASE REMEMBER THAT INSURANCE IS CONSIDERED A METHOD OF REIMBURSING THE PATIENT for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance company.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance.

Patient Signature

Date