

# Utica Chiropractic Clinic, P.C.

## AUTHORIZATION AND ASSIGNMENT

\_\_\_ **Authorization to release information:** You are authorized to release any information you deem appropriate concerning my physical condition to any insurance company, attorney, or adjuster, in order to process any claim for reimbursement of charges incurred by me as a result of professional services rendered by you and I hereby release you of any consequence thereof.

\_\_\_ **Assignment of Payment:** My attorney and/or insurance company are hereby requested to pay direct to the doctors listed above, any moneys due them on account, the same to be deducted from any settlement made on my behalf. Further, I agree to pay the difference if any, between the total amount of his charges and the amount paid him by the attorney and/or insurance company. It is further understood that I, the undersigned, agree to pay the full amount should my condition be such that it is not covered by my policy or if for any reason the insurance company and/or attorney refuses to pay my claim.

\_\_\_ **Medicare Assignment:** I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or it's intermediaries or carries any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

\_\_\_ **Consent to care for minor child:** I hereby authorize the doctors listed above and whomever they may delegate to administer Chiropractic care as they deems necessary to my relative: \_\_\_\_\_

### Acknowledgment and Understanding

I hereby acknowledge that I understanding that chiropractic treatment is not disease oriented in treatment methods or diagnosis but rather is aimed enhancing the bodies ability to reach its' maximum potential for healing. As with any healing art there are no guarantees of cure, and always- limited risks involved with care.

I further acknowledge that I am receiving (or about to receive) health care services from the doctors at Utica Chiropractic Clinic, and that I have been advised that the doctor providing the services is willing to wait for payment for these services, provided that there continues to be a reasonable chance that payment will be made either by the insurance proceeds or out of the settlement of a liability case.

I understand that as a courtesy, we will call your insurance for benefits, however benefits quoted are not a guarantee of payment. We will not be held responsible for insurance payment that comes back different than stated. Also, I understand that if it is determined either:

A That there is no insurance company obligated to pay for services, of if the insurance company involved refuses to acknowledge an assignment to the doctor; or make other provisions for the protection of the interest of the doctor; or

B. If a liability claim exists and my attorney refuses to agree to protect the interest of the doctor, or if I have not engaged the services of an attorney: then payment of services rendered by the doctors at Utica Chiropractic Clinic will be made from my last treatment, which ever occurs first.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_