INSURANCE ASSIGNMENT OF BENEFITS

- AUTHORIZATION TO RELEASE INFORMATION:
  I hereby authorize Sanders Chiropractic to release any information acquired in the course of my medical examination and treatment, including drug abuse, alcoholism and HIV positive test results, to my insurance carrier (s) as necessary to process my insurance claim.
- AUTHORIZATION TO PAY BENEFITS
  I hereby authorize my insurance carrier (s) to make payment directly to Sanders Chiropractic for the surgical and/or medical benefits payable for the services rendered.

_____ _____
Patient Signature Insured's Signature

_____
Date

FINANCIAL AGREEMENT

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is NOT A SUBSITUTE 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 by your insurance.
IN ORDER TO CONTROL YOUR OUTSTANDING BALANCE, IT IS OUR POLICY TO COLLECT CO-PAYS, CO-INSURANCE AND DEDUCTIBLE AT THE TIME SERVICE IS RENDERED.
If this account is assigned to an attorney or outside agency for collection and/or suit, Sanders Chiropractic, P.A. shall be entitled to reasonable attorney's fees and for cost of collection.
I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on any claim.

_____ _____
Patient Signature Guarantor's Signature

_____
Date

ASSIGNMENT OF BENEFITS

Insured/Patient: _____
Medical Provider: _____
Date of Accident or Injury: _____

I hereby assign all rights and benefits that I have under any group or individual health insurance plan or policy, any HMO plan and/or Automobile insurance policy, and any other health or medical plan or policy or reimbursement plan that may pay patient benefits for service and treatment that I have received or will receive from the above-named provider. This assignment includes but is not limited to all rights to collect benefits directly from these entities for those services and treatments that I have received, and all rights to proceed directly against the entity in any law suit or other legal proceeding. This assignment also includes the right to recover any attorney fees and legal costs for such action.

_____ _____
Patient Signature Date