

Harchak Chiropractic Clinic LLC

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ASSIGNMENT OF INSURANCE

I hereby instruct and direct my insurance company to pay by check made out and mailed directly to this clinic the professional and/or medical benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered by this clinic. A photocopy of this assignment shall be considered as effective and valid as the original.

PATIENT SIGNATURE _____ DATE _____

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Auto Accident Insurance: The undersigned patient hereby assigns the rights and benefits of insurance under the applicable automobile insurance policy with _____ for any service and/or charges provided by
and the **Harchak Chiropractic Clinic LLC**

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PATIENT SIGNATURE _____ DATE _____

RELEASE OF INFORMATION

I hereby authorize **Harchak Chiropractic Clinic LLC** to release any information pertinent to my case to any insurance company, adjuster, and/or attorney involved in this case; and hereby release **Harchak Chiropractic Clinic LLC** of any consequences thereof.

Patient Signature _____ Date _____

FINANCIAL RESPONSIBILITY

I agree to be financially responsible for all charges incurred at this clinic including my insurance deductible, copayment and any services reflected by my insurance company.

PATIENT SIGNATURE _____ DATE _____

THIS AUTHORIZATION/ACKNOWLEDGEMENT EXPIRES ON _____