ASSIGNMENT OF BENEFITS

East Stadium Chiropractic Wellness Center
2216 Medford Rd.
Ann Arbor, MI 48104
(734) 971-1777

Patient Name: ____ Date ______/______/____________
DOB: ______/______/____________ SS#: ________________________________
Employer: ____ Plan Code: ____________________
ID#: ____ Group#: _____________________________
Policy Holder: ___________________________________ DOB: ______/______/____________
Your relation to policy holder: ____

I hereby instruct and direct ____ Insurance Company to pay by check made out and mailed to the address below:

OR

If my current policy prohibits direct payment to the doctor, I hereby also instruct and direct my insurance company to make the check out to me and mail it to the address below:

East Stadium Chiropractic
Wellness Center
2216 Medford Rd.
Ann Arbor, MI 48104

for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment. A photocopy of this assignment shall be considered as effective and valid as the original.

I authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case. I authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

____ ______/______/____________
Signature Date

I authorize the doctor to deposit checks received on my account when made out to me.

____ ______/______/____________
Signature Date