

SPRING CHIROPRACTIC

PRIVATE AND GROUP HEALTH INSURANCE ASSIGNMENT OF BENEFITS

Re: Health Care Services

Patient Name: _____

Insurance Co.: _____

Insured SS/ID# _____

Claim/Group #: _____

THIS IS A DIRECT ASSIGNMENT OF BENEFITS UNDER THIS INSURANCE POLICY. I hereby instruct and direct the payment of all professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy to Spring Chiropractic as payment for professional services rendered. This payment will not exceed my indebtedness to the above mentioned assignee.

Spring Chiropractic's office policy states that fees are due when services are rendered. We must also emphasize that as your healthcare provider, our relationship and concern is with you and your health, not with your insurance company. We will gladly discuss the cost of your visit and do our best to answer any questions relating to your insurance coverage. However, you must realize the following:

- Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. You are ultimately responsible to know what your policy provisions are, including the deductible and co-payment amounts due at the time of service.
- Spring Chiropractic is willing to research your policy provisions and bill your insurance company as a courtesy to you. Yet, you are responsible for the balance of claims that are not paid within 90 days of the date of service.

If my current policy prohibits direct payment to the doctor or clinic, I hereby direct you to make the payment check payable to me. I will then forward the monies and/or mail it as follows:

c/o Spring Chiropractic
2575 County Road 220, Suite 108
Middleburg, Florida 32068

I do hereby agree to pay any amount that my insurance company deems my responsibility, and that I will be held responsible for the balance of my account.

Insured Patient/Guardian Signature

Date

Patient/Guardian (Printed Name)