

Assignment of Benefits

Patient: _____

Employer: _____

Claim #: _____ Group #: _____

Insured SSN: _____ ID #: _____

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:

Dr. Kent D. Vanderslice
East Paulding Chiropractic
110 Evans Mill Drive, Suite 304
Dallas, Georgia 30157

as payment for 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 current manner, any balance of said professional service charges over and above this insurance payment.

If my current policy prohibits direct payment to doctor, then I hereby also instruct and direct you to mail out the check to me and mail it as follows:

c/o East Paulding Chiropractic
110 Evans Mill Drive, Suite 304
Dallas, Georgia 30157

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster or attorney involved in this case.

This authorization is to apply to all occasions of service until it is revoked in writing. I agree to pay for services not covered by insurance and understand that I am ultimately responsible for payment in full for services rendered at this office.

Dated at _____ this _____ day of _____, 20____

Insured

Witness