

CENTOFANTI CHIROPRACTIC CENTERS

3085 S. Main Street P. O. Box 245
Marlette, MI 48453
989-635-3828

126 N. Almont Avenue
Imlay City, MI 48444
810-724-3344

Assignment

I hereby instruct and direct my insurance company to pay Centofanti Chiropractic Centers directly for any and all medical/chiropractic expenses payable as a covered benefit under my current health or any other applicable insurance policies as payment toward the total charges for professional services rendered by this facility.

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

Patient Policyholder: _____

Release of Information

I authorize Centofanti Chiropractic Centers to release any information pertinent to my case to any insurance company, adjuster, and/or attorney involved in this case and hereby release Centofanti Chiropractic Centers of any consequences.

Patient/Legal guardian/Representative: _____

Financial Responsibility

I agree that I am financially responsible for any and all charges incurred at Centofanti Chiropractic Centers, including any deductibles, co-payments and/services performed that have been rejected by my insurance company or companies.

Patient/Legal guardian/Representative: _____

HIPPA Acknowledgement

I have read, reviewed and agree to the HIPPA policies as represented in the Centofanti Chiropractic Centers Privacy Practices brochure presented to me today. I have been given a copy of Centofanti Chiropractic Centers Privacy Practices for my personal records.

Print Name: _____

Signature: _____

Date: _____

Staff/Witness initials: _____