

AUTHORIZATION AND ASSIGNMENT

Patient's Name (print)

AUTHORIZATION TO RELEASE INFORMATION

I authorize the doctor named below and his staff to release any information deemed appropriate concerning my physical condition to any insurance company, attorney or adjuster in order to process any claim for reimbursement of any expenses incurred by me as a result of professional services rendered and hereby release him/her of any consequences thereof. I agree that a photostatic copy of this agreement shall serve as the original and shall remain in effect until I give written notice to rescind the authorization.

NOTICE OF ASSIGNMENT

I hereby authorize and direct payment of any medical expense benefits allowable to the doctor named below as payment toward the total charges for professional services rendered. This payment will not exceed my expenses. I agree that a photostatic copy of this agreement shall serve as the original and shall remain in effect until I give written notice to rescind the authorization.

All copays, deductible and coinsurance are due/collected at the time of the visit.

We are happy to aid you with your insurance filing. We may offer you our opinion regarding your coverage, but we advise you to address insurance questions directly to your carrier.

Although our office will contact your plan to verify your benefits, this verification is not a guarantee of payment or that benefits were quoted correctly by the plan. Final decision on payment or denial is made by your insurance plan according to the benefits eligible at the time care is received. Please refer to your benefit booklet provided by your employer and or insurance plan.

Your signature indicates that you understand and agree to the above and that any amounts not reimbursed by your insurance plan are ultimately your responsibility.

Patient Signature
or Parent signature if patient under 18

Date

Assignment and/or
release authorization is granted to

James J. Mager, D.C.
Mager Chiropractic Center
305 Mt. Lebanon Blvd., Suite 200
Pittsburgh, PA 15234