

NAME _____ **Date** _____

Assignment of Insurance Proceeds

If you have health insurance, please sign this assignment of benefits. By agreeing to this assignment we will direct your insurance company to make any payments for your chiropractic, physiotherapy, physical rehabilitation, x-rays, diagnostic testing or any other reimbursable treatment or evaluations you receive to our clinic directly.

In exchange for these services and supplies rendered, I do Vitality Life Chiropractic, LLC; any insurance proceeds, including accident and health insurance, auto insurance benefits and liability claim awards up to the amount of any unpaid balance on my account, including interest. In giving this assignment, I acknowledge that I will be responsible for the amount of any remaining balance with interest.

Signature _____

Date _____

Records Release Authorization

To: Vitality Life Chiropractic, LLC

You are authorized to release any information contained in my file to any insurance company, attorney or adjuster in order to process any claim for reimbursement of charges incurred for services rendered to me by you or any member of your clinic acting on your behalf including any contracted billing services.

Signature _____

Date _____

Consent to Treat

I voluntarily consent to the rendering of care, including chiropractic adjustments, physiotherapies, acupuncture and performance of diagnostic procedures. I understand that I am under the care and supervision of the attending physician and it is the responsibility of the staff to carry out the instructions of such physicians.

Signature _____

Date _____

Privacy

I have been provided a copy of my privacy rights. I understand what my rights are to privacy and by signing below acknowledge that this information was provided to me by Vitality Life Chiropractic, llc and I have been informed that at any time I will be provided additional copies at my request.

Signature _____

Date _____