

Assignment of Insurance Benefits

Clark Chiropractic Center
Dr. Steven E. Clark, Chiropractor
4639 Mountain Road, Pasadena, Maryland 21122
Phone (443) 637-4936 Fax (443) 637-4946

I authorize permission to my insurance company that all bills submitted by Clark Chiropractic Center be paid directly to them. I understand that health and accident insurance policies are an arrangement between my insurance company and my self – not between my insurance company and this office. I further understand that filing insurance by this office is a courtesy provided to me.

I authorize this chiropractic clinic to release any medical information and to complete any usual and customary reports and forms collecting from my insurance company.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to the Insured: _____

Whose name is the policy Under? _____

Policy# _____ Group: _____

Social Security Number of Insured: _____

Insurance Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured's Employer _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____