

## **AUTHORIZATION, RECORDS RELEASE, AND ASSIGNMENT OF BENEFITS**

### **1. AUTHORIZATION FOR TREATMENT**

**“I hereby request and authorize any treatment or procedure which may be advised and recommended by any physician(s) or designated employee(s) of McLaughlin Chiropractic Center which may be regarded as necessary or beneficial in my case.”**

### **2. ASSIGNMENT OF BENEFITS**

**“I hereby assign, transfer and set over to McLaughlin Chiropractic Center all proceeds of any insurance policy or other health care plan for the value received to the extent of my bill for health care services provided. I hereby direct payment be made directly to the above named facility and allow McLaughlin Chiropractic Center to stand in my place and receive all payments for settlement purposes for the value of services rendered.”**

### **3. RELEASE OF INFORMATION**

**“I further authorize McLaughlin Chiropractic Center to release to my attorney, third party agency, or my insurance company any information required in connection with payment for services rendered.”**

### **4. FINANCIAL RESPONSIBILITY**

**“I understand that I remain financially responsible for any and all charges not met by the proceeds of this assignment.”**

**THE UNDERSIGNED CERTIFIES THAT HE OR SHE HAS READ THE FOREGOING, AND IS THE PATIENT OR OTHER RESPONSIBLE PARTY AND UNDERSTANDS AND ACCEPTS THE ABOVE CONDITIONS AND TERMS.**

---

**SIGNATURE OF PATIENT OR RESPONSIBLE PARTY    DATE**