

ASSIGNMENT OF RIGHTS

For treatment provided, I hereby authorize the _____ Insurance Company to pay check made out and mailed directly to:

Metro Chiropractic Centre
2108 Schultz Rd.
Maryland Heights, MO 63146

For chiropractic benefits allowable, and otherwise payable to me under my current insurance policy, as payment toward the total charges for Professional Services rendered. This payment will not exceed my indebtedness to the above mentioned assignee, and I agree to pay, in a current manner, any balance of said Professional Service charges over and above this insurance payment.

If my current policy prohibits direct payment to doctor, then I hereby authorize you to make the check to me and mail it directly to my doctor:

Metro Chiropractic Centre
2108 Schultz Rd.
Maryland Heights, MO 63146

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY AND INCLUDES ALL RIGHTS TO COLLECT BENEFITS DIRECTLY FROM PATIENT'S INSURANCE COMPANY.

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

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Date: _____.

Signature of Policyholder _____

Witness _____

Signature of Claimant _____