

TOTAL ATHLETICARE CHIROPRACTIC SPORT CLINIC
6821 W Dempster, Morton Grove, IL 60053
Phone: 847 663 0610
Fax: 847 663 0619

Assignment of Benefits

Patient Name:
Insurance Co:

In consideration of your undertaking to render care, I agree to the following:

Release of Information:

You are authorize to release any information you deem appropriate concerning my medical condition to any insurance company, attorney, adjustor or any person necessary for you to process any claim for reimbursement of charge incurred by me at your treatment facility.

Right To Receive Payment:

I authorize and assign to you, Total Athleticare, the right to receive direct payment from my attorney, insurance company or any other party who may become obligated to pay us any sums. I further authorize the endorsement of my name to any drafts containing my name to which you are legally entitled.

Assignment of Right To Sue:

In the event any insurance company, attorney or other person obligated by contractual agreement to make payment to me for your service charges, refuses to make such payment upon demand by you, I hereby assign and transfer to you the cause of action that exists in my favor against any such company, attorney or person and authorize you to prosecute said action either in my name and for you to resolve said claims as you see fit. I understand that I shall continue to remain responsible for any uncollected or unpaid balance on my account.

Attorney Direction:

I hereby direct my attorney not to interfere with or claim any lien upon, any medical payment benefits to which I may be entitled from either my health insurance or medical payment benefits to which I may be entitled from either my health insurance or medical payment sources. And if any said medical payment checks include my attorney's name, I direct my attorney to sign his name to these checks for the benefit of the medical provider herein.

Dated at Morton Grove, IL this..... Day of,

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Signature of Policyholder/Patient

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Witness