

## Assignment

I hereby instruct and direct my insurance company to pay by check made out and mailed directly to this clinic the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services.

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

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

## Release of Information

I authorize this clinic to release any information pertinent to my case to any insurance company, adjustor, and attorney involved in this case; and hereby release this clinic of any consequence thereof.

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

## Financial Responsibility

Participating and filing an insurance claim is a courtesy we extend to our patients. Your insurance plan is a contract between you and your carrier. I understand that if the doctor has not received payment from my insurance carrier within 60 days I will assist in getting my claim paid by contacting my insurance Co. I also understand that if the doctor has not received payment from my insurance carrier within 90 days that I am responsible for payment at that time.

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*