

Huss Chiropractic Clinic, Inc.

Dean R Huss, DC

910 Industrial Boulevard, Loyalhanna, PA 15661
182 Ligonier Street, New Florence, PA 15944

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the doctor and his staff to release any information deemed appropriate concerning my condition to any insurance company, third party payer, attorney or adjuster in order to process any claim for reimbursement of charges incurred by me as a result of professional services rendered and release him/her of any consequences thereof.

NOTICE OF ASSIGNMENT

I hereby authorize and direct payment of any medical and chiropractic expense benefits allowable to the doctor named above as payment toward the total charges for professional services rendered. This payment will not exceed my indebtedness to the assignee.

PAYMENT POLICY REGARDING INSURANCE

I understand and agree that medical and accident insurance policies are an agreement between an insurance company and me. I permit this office to endorse co-insured checks for the convenience of credit to my account. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand and agree that the use of my insurance may result in higher financial liability than the self pay option. This possible difference in financial liability is due to an increase in administrative and filing procedures necessary to collect third party payment.

I understand and agree that if I suspend or terminate my care and treatment, any fees for services rendered to me will be immediately due and payable.

I agree that a photocopy of this agreement shall serve as the original.

Printed Name

Signature

Date

WITNESS

Printed Name

Signature

Date