HATCHCHIRO
REDEFINING HEALTHCARE

ASSIGNMENT OF BENEFITS

I authorize and direct that payment be made directly to:

Hatch Chiropractic
19767 E. Pikes Peak Avenue
Parker, CO 80138

For any and all insurance benefits or reimbursement for services rendered which amounts would otherwise be payable to me under my insurance or pre-paid healthcare plan.

_____ _____

Patient/Legal Guardian Signature Date

AUTHORIZATION AND CONSENT

I authorize the release of any information concerning my health and health care services to my insurance companies, pre-paid health plan or Medicare.

If at any time you want to revoke this consent it must be done in writing.

_____ _____

Patient/Legal Guardian Signature Date

PAYMENT AGREEMENT

I understand that there is no guarantee that my insurance companies or pre-paid health plan will cover or pay for all of my charges. Notwithstanding denial, reduction of benefits or failure to pay for any reason, I understand that I am responsible for all remaining charges.

_____ _____

Patient/Legal Guardian Signature Date