## Warner family Chiropractic

6630 W. Cactus Rd. #BI06 Glendale, AZ 85304 (623) 486-2000

www.warnerfamilychiro.com

## **ASSIGNMENT OF BENEFITS**

For value received I hereby assign payment from my insurance company or attorney directly to Dr. Carla Warner for professional services rendered, by said doctor or associates, and I shall be personally responsible for any unpaid balance, to be paid on my outlined fee agreement. I hereby authorize the attending doctor to release any and all information concerning my examination or statement for purposes of satisfying bills.

I hereby instruct and direct my insurance company(ies) and/or my attorney(s) to pay by check or by Electronic Funds Transfer(EFT) made payable directly to:

Warner Family Chiropractic 6630 W. Cactus Rd. #B106, Glendale, AZ 85304.

-OR-

If my current policy prohibits direct payment to the doctor, then I do hereby also instruct and direct my insurance company or attorney to make out the check to me and mail it as follows:

Warner Family Chiropractic 6630 W. Cactus Rd #B106 Glendale, AZ 85304.

I also give Warner Family Chiropractic a power of attorney to endorse any and all checks made out to me from any party for payment for chiropractic care/services rendered.

I have read and understand this assignment of benefits and understand that should by any reason or inadvertency any payment or check comes directly to me from my insurance company or attorney, I am NOT entitled to keep same but must pay it directly to my doctor.

I hereby direct my insurance company or attorney, whose name is		
insurance contrac	to pay direct to sums for services rendered which are due and payable under or are owed by myself. I hereby direct that a photocopy of the accepted as an original by any insurance company with what agreement.	er my this
	Family Chiropractic are CPT-derived and accepting insural OT the office policy.	nce as
Date:	Patient/Guardian	