

**PURDY CHIROPRACTIC CLINIC**  
**William A. Purdy, D.C.**

**Authorization and Assignment**

\_\_\_\_\_ **Authorization to Release Information:** You are authorized to release any information you deem appropriate concerning my physical condition to any company, or adjuster, in order to process my claims for reimbursement of charges incurred by me as a result of professional services rendered by you and I hereby release you of any consequence thereof.

\_\_\_\_\_ **Assignment of Payment:** My attorney and/or insurance company are hereby requested to pay direct to the doctor listed below, any monies due him on account, the same to be deducted from any settlement made on my behalf. Further, I agree to pay the difference if any, between the total amount of the doctors' charges and the amount paid the doctor by the attorney and/or insurance company. It is further understood that I, the undersigned, agree to pay the full amount of the doctors' charges, should my condition be such that it is not covered by my policy of if for any reason the insurance company and/or attorney refuses to pay my claim.

\_\_\_\_\_ **Medicare Assignment:** I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its' intermediates or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

\_\_\_\_\_ **Consent to Care for Minor Child:** I hereby authorize the doctor listed below and whomever he may designate as his assistants to administer Chiropractic care as he deems necessary to my relative.

**Acknowledgment and Understanding:**

I hereby acknowledge that I am receiving (or about to receive) health care services at the Purdy Chiropractic Clinic and that I have been advised that the doctor providing the services is willing to wait for payment for these services, provided that there continues to be a reasonable chance that payment will be made either by the insurance proceeds or out of the settlement or a liability case.

I understand that if it is determined either:

A. that there is no insurance company obligated to pay for the services, or if the insurance company involved refuses to acknowledge an assignment to the doctor, or make other provisions for the protection of the interest of the doctor; or

B. if a liability claim exists and my attorney refuses to agree to protect the interest of the doctor, or if I have not engaged the services of an attorney:

Then payment of services rendered by the doctor at the Purdy Chiropractic Clinic will be made on a current basis and my bill paid in full as soon as my liability claim is settled or the passage of three months from my last treatment, whichever occurs first.

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_