

ASSIGNMENT OF BENEFITS FORM

A&A Chiropractic
52 Tennent Rd. Morganville, NJ 07751
Phone #: 732-591-9200 / Fax #: 732-591-2332
Email: Slinkdc@optonline.net

Patient Name: _____

I irrevocably assign to A&A Chiropractic all my rights and benefits under any insurance contracts for payment for services rendered to me by A&A Chiropractic. I irrevocably authorize all information regarding my benefits under any insurance policy relating to any claims by A&A Chiropractic to be released to A&A Chiropractic to file insurance claims on my behalf for services rendered to me. I irrevocably direct that all such payments go directly to A&A Chiropractic, to act in my behalf and report any suspected violations of proper claims practices to the proper regulatory authorities.

This assignment of benefits has been explained to my full satisfaction, and I understand its nature and effect.

Patient Signature: _____