

AUTHORIZATION AND ASSIGNMENT & INSTRUCTION to direct payment

To: Boos Chiropractic

In consideration of your undertaking to treat me, I agree to the following:

Authorization to Release Information

You are authorized to release any information you deem appropriate concerning my physical condition to any insurance company, attorney, or adjuster in order to process any claim 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.

Authorization to Pay Directly to Doctor

I authorize the direct payment to you of any sum I now or hereafter owe you by my attorney out of the proceeds of any settlement of my case, and/or by any insurance company obligated to reimburse me for the charges for your services or otherwise obligated to reimburse me for the charges for your services or otherwise obligated to make payment to me or you based in whole or in part upon the charges made for your services. Any overpayment of my bill will be refunded immediately.

If my current policy prohibits direct payment to the doctor, I hereby also instruct and direct the insurance company to make out the payment to me and mail it to me in care of Boos Chiropractic: **6717 S. Yale Ave. Ste. 205 Tulsa, Ok 74136**

Power of Attorney to Endorse Checks

I hereby make, constitute and appoint the doctor and/or clinic and any of its duly authorized employees as and to be my true and lawful attorney for and in my name, place and stead to endorse any and all checks, drafts or money orders which are made payable to the undersigned alone or to the undersigned and the said doctor and/or clinic, which checks, drafts, or money orders are to pay for chiropractic services or the like which have been or are to be performed by the doctor and/or clinic.

Assignment of Cause of Action

In the event any insurance company is obligated by contractual agreement to make payment to me or to you for the demand by you, I hereby assign and transfer to you the cause of action that exists in my favor against any such company (the name(s) of which is/are believed to be correctly set forth under pertinent data below) and authorize you to prosecute said action either in my name or your name as you see fit and further authorize you to compromise, settlement or otherwise resolve said claim in my name or your name as you see fit. However, it is understood that until all reasonable efforts have been made to collect the sums due from the insurance company (or companies) contractually obligated, you will refrain from attempts and efforts to collect the amounts owed directly from me. I understand that whatever amounts you do not collect from insurance proceeds (whether it be all or part of what is due), I personally owe you, and agree to pay in current manner.

Acknowledgment and Understanding

I hereby acknowledge that I am receiving (or about to receive) health care services at Boos Chiropractic, and that I have been advised that the doctor providing the services is willing to wait 30 days from the completion of my care in this office for payment without interest on any outstanding balance. Further, because of the continuing changes in the health care industry and the variety of reimbursement procedures and policy restrictions or limitations it is my understanding that the doctor at Boos Chiropractic will be basing his treatment decisions upon his clinical experience and education and never upon any third party, insurance companies, reimbursement policies.

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 or,
- (c) If I refuse an offer of settlement,

then payment for services rendered by the doctor at Boos Chiropractic will be made on a current basis and my bill paid in full within 30 days from my last treatment or as soon as my liability claim is settled, whichever occurs first.

A photocopy of this Authorization and Assignment shall be considered as effective and valid as the original.

Date: ___/___/___ Patient's Signature _____ Witness _____

Note: If a patient wishes not to sign this agreement, payment must be made at the time of each visit.