

ASSIGNMENT OF PAYMENT

Patient _____

Address _____

Attorney _____

Insurance Carrier _____

My attorney and/or insurance carrier are hereby requested and authorized to pay direct to **Botha Chiropractic** any monies due him on account; the same to be deducted from settlement made on my behalf.

Further, I agree to pay **Botha Chiropractic** the difference, if any, between the total amount of his charges and the amount paid by the attorney and/or insurance carrier. It is further understood that I, the undersigned, agree to pay **Botha Chiropractic** the full amount of his charges, should my condition be such that is not covered by my policy or if for any reason the insurance carrier refuses to pay my claim.

Date at Denver, Colorado this _____ day of _____, 20_____

Signature of Patient or Parent/Guardian

Witness

AUTHORIZATION TO RELEASE AND/OR RECEIVE RECORDS

Patient _____

Address _____

Attorney _____

Insurance Carrier _____

I hereby authorize **Botha Chiropractic** to disclose to _____ or their agent any information which he may have acquired by examination or other means of my physical or mental condition.

Furthermore I authorize _____ to furnish **Botha Chiropractic** with any records or information relating to my current claim. I hereby release him of any consequence thereof.

Dated at Denver, Colorado this _____ day of _____, 20_____

Signature of Patient or Parent/Guardian

Witness