

ASSIGNMENT AND INSTRUCTION FOR PAYMENT
AND
GENERAL OFFICE POLICY

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ASSIGNMENT OF BENEFITS: I hereby instruct and direct the _____
Insurance Company to pay by check made out and mailed directly to:

Herd Chiropractic Clinic, 2704 Market Street, Camp Hill, PA 17011

I hereby assign all medical benefits to which I am entitled to the Herd Chiropractic Clinic as payment toward the total charges for professional services rendered. This is a direct assignment of my rights and benefits under this policy. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. **I understand that I am financially responsible for all charges whether or not paid by said insurance.** I hereby authorize said assignee to release all information necessary to secure the payment. Said information may be released to insurance company, adjustor, or attorney involved in this case.

GENERAL OFFICE POLICY

1. It is your responsibility to pay any additional costs not covered by your insurance.
2. Vitamins and supplies are to be paid for when they are received.
3. It is your responsibility to keep this office up to date concerning any changes in your address, insurance coverage, and rejections by insurance, etc.
4. You are directly responsible for your deductible (if a deductible applies).
5. Payment not received as indicated will be collected from a collection agency, and your balance will be increased by the agencies fees to cover the costs.
6. This office bills your insurance as a courtesy to you, our patient. We reserve the right to revoke this privilege for problem accounts.
7. If you do not have insurance coverage, payment can be made by cash, check, Visa or MasterCard.
8. Payment is due at the time of service. Monthly billing options can be arranged and it must be confirmed with the billing department.

**ANY QUESTIONS OR PROBLEMS CONCERNING YOUR BILL SHOULD BE
DIRECTED TO OUR BILLING DEPARTMENT.**

**Signing this states that you have read, acknowledge and understand the entire above page
and agree to its terms.**

SIGNATURE

DATE