

LIABILITY OF INSURANCE

Enclosed please find the claim form and assignment of benefits signed by my patient _____, if for any reason you are not able to honor this assignment and make payment directly to me, please notify me within ten (10) days of the date of this letter. If I do not hear from you in that time, I will assume that you will accept this assignment and be bound by its terms. Sincerely,

Schroeder Family Chiropractic
2535 N. Fresno
Fresno Ca. 93703
(559) 226-2535
Fax (559) 226-7266

For value received, I hereby irrevocably assign all of my rights, title and interest to collect and receive the benefits and sums payable otherwise to me by:

Insurance company: _____
Claim # _____ Policy # _____

For and on account of the services set forth on the attached claims form(s) provided me (or in the case of my spouse or minor child) to his heirs, successors, or assigns. Payments should be mailed and payable to:

Schroeder Family Chiropractic
2535 N. Fresno
Fresno Ca. 93703

This payment shall not exceed my indebtedness to the above named assignee and I understand and agree to pay, in a current manner, any balance of said professional charges over and above said insurance payments. Good until cancelled by patient via registered mail/western union.

I have read and I have been provided a copy of this assignment and understand that in the event, by inadvertence, any check or payment should come to me from the insurance company, that I am not entitled to keep the same but must immediately, pursuant to the terms of this assignment, deliver the same to Schroeder Family Chiropractic.

Copies of the original are to be accepted as good as this original until case is closed.

Dates: _____ This _____ Day of _____ 20 _____

Signature of Policyholder X _____

Signature of claimant if other than policyholder _____