

**The Pain Relief Center
Stephen Dohoney D.C., DAAPM**

AUTHORIZATION AND ASSIGNMENT

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

- 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.
- I authorize direct payment to you of any sum I now or hereafter owe to you by my attorney out of the proceeds of any settlement of my case, and by any insurance company obligated to make payment to me or you based in whole or in part upon the charges made for your services.
- It must be understood that my insurance contract is between myself and my insurance carrier and there is no guarantee of insurance payment. The Pain Relief Center will make all efforts to obtain payment, but will not enter into dispute with the insurer. I am responsible for any and all unpaid or denied claims.
- In the event any insurance company, obligated by contractual agreement to make payment to me or The Pain Relief Center for the charges made for their service, refused to make such payment upon demand by them, I hereby assign and transfer to them the cause of action that exists in my favor against any such company and authorize them to settle or compromise what said as they see fit. It is understood that until all reasonable efforts have been made to collect the sums due from the insurance company(s) obligated by contract, they will refrain to collect the amounts owed directly from me. I understand that whatever amounts you do not collect from the insurance company, whether it is all or part of what is due, I personally owe to them.
- If The Pain Relief Center is in-network with my insurance carrier, they will file my claims for me. **State law requires all applicable deductibles and co-payments to be collected at the time of service, unless other arrangements have been made.** If The Pain Relief Center is not in-network with my insurance carrier, or I am not eligible for chiropractic benefits under my insurance policy, a \$35.00 payment is due at the time of each office visit, unless other arrangements have been made with the front desk staff. An itemized bill will be provided upon request.

OFFICE POLICY

- The treatment you receive has a specific frequency and duration that is known to be therapeutic for your condition. It is most important to keep all scheduled appointments and to be on time. Please notify us if you are unable to make any scheduled appointments. There will be no charge for any missed appointments.
- I understand that I owe \$35.00 for my first chiropractic treatment at The Pain Relief Center regardless of my insurance coverage.

PRIVACY NOTICE ACKNOWLEDGEMENT

- We are very concerned with protecting your privacy, especially in matters that concern your personal health information. In accordance with the Health Insurance Portability and Accountability Act of 1996(HIPPA), we are required to supply a copy of our privacy policies and procedures. If you would like a copy it will be provided upon request. If you have any questions or concerns in this regard, we would be happy to address them.

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