Thill Chiropractic Center 800 Busse Hwy Suite 105 Park Ridge, IL.60068 (847)971-4184

ASSIGNMENT OF BENEFITS

IN CONSIDERATION OF UNDERTAKING HEALTHCARE, I AGREE TO THE FOLLOWING:

GENERAL CONSENT TO TREATMENT:
I agree and consent to the performance of diagnostics and therapeutic procedures deemed necessary. I acknowledge that there are no guarantees, expressed or implied, as to the results of any procedures or medical treatment. I have been informed and am aware of the risks involved in chiropractic care.

RELEASE OF INFORMATION:
Thill Chiropractic is authorized to release any information deemed appropriate concerning my medical condition to other treating physicians, diagnostic facilities, insurance companies, attorney, adjuster or any other person necessary for you to process any claim for reimbursement of charges incurred by myself at Thill Chiropractic.

RIGHT TO RECEIVE PAYMENT:
I authorize and assign you, the medical provider and treating facility, THILL CHIROPRACTIC the right to receive direct payment from Medicare, my insurance company, my attorney or any other party who may become obligated to pay me any sums for medical expenses. I further authorize endorsement of my name to any draft containing my name to which you are legally entitled.

ASSIGNMENT OF RIGHT TO SUE:
In the event any insurance company, attorney or other person obligated by contractual agreement to make payment to me for your services, refuses to make such payment upon demand by Thill Chiropractic. I hereby assign and transfer THILL CHIROPRACTIC the cause of action that exist in my favor against such company, attorney or person and authorize you to prosecute said action both in my name or your name and for you to resolve said claim as you see fit.

ACKNOWLEDGEMENT OF RESPONSIBILITY TO PAY FOR SERVICES:
I understand that the physician will, as a courtesy file claims with insurance carriers and third party payers. However, I acknowledge and agree that, except as provided by law, and in consideration of the services provided, I will pay any charges which for any reason are not paid by any third party payer unless there is a specific written agreement between the physician and the patient or between the physician and the payer.

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Patients Signature Date