ABOITE HEALTH CENTER, Inc. / LYONS CHIROPRACTIC CLINIC, P.C.

5649 Coventry Lane, Fort Wayne, IN 46804-7145 Phone: 260-436-6565

**ASSIGNMENT OF INSURANCE BENEFITS**

I authorize and direct that payment be made directly to:

 Aboite Health Center, Inc. (or)

 Lyons Chiropractic Clinic, PC (or)

 Perry L. Lyons, D.C.

Located at:

 5649 Coventry Lane

 Fort Wayne, IN 46804-7145

for any and all insurance benefits or reimbursement for services rendered by them, which amounts would otherwise be payable to me under any insurance or pre-paid health care plan.

\_\_\_\_\_\_ (patient initials confirming assignment)

**RELEASE OF INFORMATION:** I authorize the release of any information concerning my health and health care services to any third party health plan to which I am insured. I understand this release of information is within HIPPA guidelines.

\_\_\_\_\_\_ (patient initials confirming release)

**STATEMENT OF FINANCIAL RESPONSIBILITY:** I understand that there is no guarantee that my insurance company or pre-paid health plan will cover or pay for any or all of my charges. Notwithstanding denial, denial as “not medically necessary”, reduction of benefits or failure to pay for any reason, I understand that I am responsible for all remaining charges.

\_\_\_\_\_\_ (patient initials confirming acceptance of responsibility of charges)

I have read and authorize all of the above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_