

Cedar Chiropractic

77 West Main Street, Suite 205 • Hopkinton, MA 01748

p. (508)435-8182 f. (508)435-8183

AUTHORIZATION/ASSIGNMENT of BENEFITS/DIRECTION of PAYMENT

- 1.** I hereby authorize and direct Cedar Chiropractic, and all its agents, to release all protected health and medical information necessary to process my claims, as outlined in my *Patient Bill of Rights for Protected Health Information*.
- 2.** I hereby authorize and direct my insurance carrier to pay all benefits, which may be due to me under my policy, directly to Cedar Chiropractic.
- 3.** I hereby give a lien to Cedar Chiropractic on any settlement, claim, judgment, or verdict as a result of said accident, and authorize and direct my insurance carrier or attorney to pay directly to Cedar Chiropractic such sums as may be due and owed to Cedar Chiropractic for services rendered to me, and to withhold such sums from any Personal Injury Protection, Med-Pay, or 3rd Party payments and/or any settlement, claim, judgment, or verdict as may be necessary to protect Cedar Chiropractic adequately.

I fully understand that I am directly and fully responsible to Cedar Chiropractic for all medical bills incurred for services rendered to me, and that this agreement is made solely for the additional protection, and in consideration, of the risk Cedar Chiropractic takes in waiting for payment.

Print Name

Signature

Date