



complete chiropractic

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ASSIGNMENT OF BENEFITS AND PROMISE TO PAY FOR SERVICES

I hereby assign all my medical benefits available for the services rendered below to the undersigned Doctor. I will direct payment of these services rendered to this office address, I also authorize the information necessary to process this claim to be released to the company processing this claim. This same information cannot be released to an outside consultant working to evaluate my claim without my expressed written consent. I also acknowledge that I am wholly responsible for any difference in payment between the insurance benefits and the total health care bill for the services rendered, I have agreed with this provider of health care to make payment to him on this balance of aforementioned services, I understand that I am responsible for any costs of collection if I fail to pay my bill, including but not limited to, court costs, attorney fees and certified letter expenses. Photocopies of this Assignment of Benefits and Intent to pay the Doctor are considered to be true and correct as the original agreement drafted by both the Doctor his patient.

As a courtesy to our patients we will be happy to file patient claims to their insurance companies but we are not required to. This does not guarantee that the insurance companies will pay these charges. There have been inconsistencies with different insurance agencies in the past. We strongly urge you to contact your insurance company and verify the coverage as well. Any unpaid claims or balances are the patient's responsibility. We will also verify insurance coverage as a courtesy to you. If you have any questions or need to set up a payment plan, please do not hesitate to ask.

Thank You,
Dr. Neal & Dr. Berkman

Signature Of Patient

Date

Signature Of Doctor

Date