



Clinical Bodywork for Pain Relief & Injury Treatment

**ASSIGNMENT OF BENEFITS    ♦    RELEASE OF RECORDS    ♦    PAYMENT AGREEMENT**

<b>Assignment of Benefits:</b>	<b>Client Initial Here:</b> _____
<p>To Insurance Company: _____</p> <p>I hereby direct and instruct you to make payment directly to the undersigned provider for medical claims submitted by them on my behalf for medically necessary treatment.</p> <p>Your denial or delay to do so in a timely matter will be considered just cause for myself or provider to file a complaint with the Insurance Commissioner. I hereby give my permission to the undersigned provider to file this complaint if deemed necessary.</p>	
<b>Release of Records:</b>	<b>Client Initial Here:</b> _____
<p>To Provider of Service: <u>Body Integrity</u></p> <p>I hereby authorize you to release any attorney, physician, or insurance company, involved in my case, any medical or other records or information necessary to process my claim. These records are to be utilized for the ultimate recovery of benefits in my case for the injury/illness sustained on _____.</p>	
<b>Payment Agreement:</b>	<b>Client Initial Here:</b> _____
<p>I understand that my insurance contract is an agreement between the insurance company and myself. I acknowledge that your office is willing to prepare the necessary reports and assist me in collecting from the insurance company that which is due to you for my medically necessary care and treatment.</p> <p>I agree and acknowledge that I am ultimately responsible to you for payment of any balance due, including unpaid deductible and/or unpaid percentage amounts due to you according to my policy coverage, in the event you are unable to collect from my insurance carrier or attorney in the case where you are holding an attorney lien on my behalf.</p> <p>I understand I may elect to be billed monthly or at the time of each visit for the balances due to you from each visit.  I elect to pay by:    <input type="checkbox"/> Check    <input type="checkbox"/> Cash    <input type="checkbox"/> Credit Card    <input type="checkbox"/> Other  Credit Card: _____ Card #: _____ Exp Date: _____ Zip: _____</p> <p><b>Select One</b></p> <p><input type="checkbox"/> I elect to pay the unpaid balances at time of each visit</p> <p><input type="checkbox"/> I elect to be billed for the balance at the end of each month.</p> <p><input type="checkbox"/> I elect to have outstanding bills sent to my attorney to be paid at the time of settlement if there is a settlement. If not, then I understand and agree that I will still be responsible for payment to you for services provided by your facility.</p>	

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_