

AUTHORIZATION AND ASSIGNMENT

Carr Chiropractic Clinic
3200 North Dobson Road, Suite B-3
Chandler, AZ 85224
(480) 375-0589 – Phone
(480) 812-8983 – Fax

Date: _____

Patient Name: _____ Patient #: _____

Employer: _____

Claim Number: _____ SS# / ID#: _____

I hereby instruct and direct _____
(Insurance Company/Attorney) to pay by **check made out and mailed to:**

Dr. Samuel E. Carr, DC, PC
84 West Ivanhoe Street
Gilbert, AZ 85233

If my current policy or the responsible party's policy prohibits direct payment to the doctor, I hereby also instruct and direct you to **make the check payable to me and mail it to:**

Dr. Samuel E. Carr, DC, PC
84 West Ivanhoe Street
Gilbert, AZ 85233

for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy or the responsible party's insurance policy toward the total charges for the professional services rendered. I hereby also agree and understand that I must come into Dr. Samuel E. Carr's office within two (2) business days of being contacted to endorse this said payment; otherwise, I authorize Dr. Samuel E. Carr's office to stamp and deposit this payment. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjustor, or attorney involved in this case.

I authorize the doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

In signing and dating below, I am in agreement and fully understand all of the aforementioned.

Dated at _____ : _____ AM / PM this _____ day of _____, 20_____

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder